OFFICE USE ALL (Decument) LIMARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) \$320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	100002436281\$ -02/20/3801053038 ****122.50 ****122.50
CORPORATION NAME(S) & DOCUMENT NUM 1. PBSOLUTE - ON LIN (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 2/0	(Document #) (Document #) (Document #) (Document #) (Concurrent #)
Profit Amendment	R.A., Officer/Director stered Agent odrawal ON O

CR2E031(9/92)

9.01

ARTICLES OF INCORPORATION

98 FEB 20 PH 12:
SECRETARY OF STATULARIASSEE, FLORE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be: ABSOLUTE -ON LINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Silvia MARTIN 12830 NW 11ST Miami, Fl 33182.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SINIA MARTIN 12830 NW 11ST Miami, Fl 33182

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

SILVIA MARTIN 12830 NW 11ST MIRMI, FI 33182

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 807.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

e name and addre	ess of the re	gistered age	ent and office i
GilviA	MART	7N	
<u> </u>	((NAME)	
12830 N	W 11 S	ナ	
10000	(P.O. BOX N	OT ACCEPT	ABLE)
Niami El	1 331	82	
Miami, Fl	(CITY	STATE/ZIP)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE_ 2/18/98

RIDA

REGISTERED AGENT FILING FEE: \$35.00