

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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*****70.00 *****70.00

<input checked="" type="checkbox"/>	Art of Inc. File	<u>Photo</u>
<input type="checkbox"/>	LTD Partnership File	_____
<input type="checkbox"/>	Foreign Corp. File	_____
<input type="checkbox"/>	L.C. File	_____
<input type="checkbox"/>	Fictitious Name File	_____
<input type="checkbox"/>	Trade/Service Mark	_____
<input type="checkbox"/>	Merger File	_____
<input type="checkbox"/>	Art. of Amend. File	_____
<input type="checkbox"/>	RA Resignation	_____
<input type="checkbox"/>	Dissolution / Withdrawal	_____
<input type="checkbox"/>	Annual Report / Reinstatement	_____
<input type="checkbox"/>	Cert. Copy	_____
<input checked="" type="checkbox"/>	Photo Copy	_____
<input type="checkbox"/>	Certificate of Good Standing	_____
<input type="checkbox"/>	Certificate of Status	_____
<input type="checkbox"/>	Certificate of Fictitious Name	_____
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<input type="checkbox"/>	Officer Search	_____
<input type="checkbox"/>	Fictitious Search	_____
<input type="checkbox"/>	Fictitious Owner Search	_____
<input type="checkbox"/>	Vehicle Search	_____
<input type="checkbox"/>	Driving Record	_____
<input type="checkbox"/>	UCC 1 or 3 File	_____
<input type="checkbox"/>	UCC 11 Search	_____
<input type="checkbox"/>	UCC 11 Retrieval	_____
<input type="checkbox"/>	Courier	_____

RECEIVED
98 APR - 1 PM 3:29
DIVISION OF CORPORATION

FILED
98 APR - 1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QW 4-1-98

Signature _____

Requested by: CG

Name _____

Date 4/1

Time 3:10

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION
OF

FILED
98 APR - 1 PM 3.50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFESSIONAL ENTERPRISE MANAGEMENT, INC.

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

ARTICLE I: NAME

The name of the corporation is **PROFESSIONAL ENTERPRISE MANAGEMENT, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1000 Brickell Avenue, Suite 480, Miami, FL 33131.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two hundred (200) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Celestino Pena, Esq., 1000 Brickell Avenue, Suite 480, Miami, FL 33131.**

ARTICLE V: INCORPORATOR

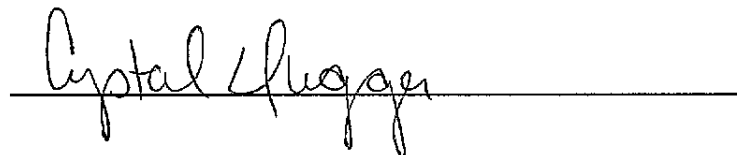
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is **C. Joseph Pena, 1000 Brickell Avenue, Suite 480, Miami, FL 33131.**

The undersigned has executed these Articles of Incorporation this 1st day of March 1998.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

A handwritten signature in cursive script, reading "Crystal Dugger", is written over a horizontal line.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is:

PROFESSIONAL ENTERPRISE
MANAGEMENT, INC.

2. The name and street address of the registered agent and office is:

CELESTINO PENA, ESQ.
1800 BRICKELL AVENUE, SUITE 480
MIAMI, FL 33131

98 APR - 1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

