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OFFICE USE ONLY (Document # LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Addréss) MIAMI, FLORIDÀ (305)552~5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy --- Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of K.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark , K. Rolfe APR 1 4 1998 K. Roffe Other APR 1 6 1998 Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 14, 1998

LAZARUS

MIAMI, FL

SUBJECT: BETTER BUSINESS ASSOCIATES CORP.

Ref. Number: W98000008358

We have received your document for BETTER BUSINESS ASSOCIATES CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 198A00019900





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 I NAME

The name of the corporation shall be:

Berner Business Associates GROUP

ARTICLE II PRINCIPAL OFFICE

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

10511 S.W. 108 Ave F-296 MIANI FL. 33176

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANA MARIA NOGEN 10511 S.W. 108 AVE STE F-296 MIAMI FL 33176

ARTICLE V INCORPORATOR(S)

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

ANA MARIA HOGEN (P) 105 11 S.W. 108 Ave. F-296 MIAMI FL. 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

MARCH 1998.

Gua MC Hogen

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 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.

| 1. The name of the corporation is: Better Business As | ssocietes |
|---|--|
| GROUP Corp | _ |
| 2. The name and address of the registered agent and office is: ANA MARIA HOGEN | 98 APR 15 P |
| (Name) | FST |
| 10511 5:W. 108 AVE F-2 | 9345 |
| (P.O. Box not acceptable) | The state of the s |
| /MIAMI FL 33176 | · |
| (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 cornply 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)