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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fla. 32314

600002554306--1 -06/10/98--01023--018 ****131.25 ****131.25

SUBJECT: B. F. STROMAN & ASSOCIATES, INC..

Enclosed is an original and (1) one copy of the articles of incorporation and check for \$131.25 for filing fee, Certified Copy & Certificate

From: BENJAMIN F. STROMAN 706 N. W. 1ST AVE Ft. Lauderdale, Fla. 33311 954-764-8708

APPROVED
AND
FILED
98 JUN 10 AM 7: 39
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

ARTICLES OF INCORPORATION

The undersigned, incorporation(s) for the 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: B. F. STROMAN & ASSOCIATES, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be: 706 N. W. 1ST AVE FT. LAUDERDALE, FLA. 33311

ARTICLE III Shares

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

1,000,000 shares of common stocks, in one class only with par value of \$0.01

ARTICLE IV

Initial Registered Agent and street address
The name and address of the initial registered agent is:
Hollis Rhodes
706 N. W. 1st Ave
Ft. Lauderdale, Fl. 33311

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AND
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TALL AHASSEE, FLORID

ARTICLE V Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

Benjamin F. Stroman

706 N. W. 1st AVE.

FT. LAUDERDALE, FLA. 33311

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 11 day of \underline{MAY} ,1998.

Signature(s) of Incorporator(s):

Benjamin F. Stroman
Type name of incorporator signing
Type name of incorporator signing

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: B.F. Stroman & Assolintes, Inc
2.	The name and address of the registered agent and office is:
	HOLLS RHODES (Name) (Name) The Dury 1st nuce Th
	(P.O. Box) not acceptable) (City/State/Zip) (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)

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(Date)