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DIVISION OF CORPORATIONS

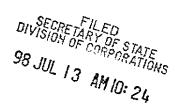
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SORIECT:	dare design corb.		
-	(Proposed corporate name - must include suffix)		
Enclosed is an original a	and one(1) copy of the articl		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate
FROM: Geraldine D. Kearns Name (Printed or typed)			
P.O. Box 688 Address West Palm Beach, Florida 33402-0688 City, State & Zip 561-842-0201 Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

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 shall be:

D square design Corp.

PRINCIPAL OFFICE ARTICLE II

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

4804 Poinsettia Way #4 West Palm Beach, Florida 33407

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 Florida street address of the initial registered agent are:

Geraldine D. Kearns

settia Way 47 West Palm Beach, Florida 33407 INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Geraldine D. Kearns

4804 Poinsettia Way

West Palm Beach, Florida 33407

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date