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CORPORATION(S) NAME

Verifier

Acknowledgment

W.P. Varitier

| Parsons | Reporting | Pi Ivc. |
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| () NonProfit | () Amendment | () Merger |
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| () Limited Partnership | () Annual Report | () Other |
| () Reinstatement | () Reservation | () Change of Registered Agent |
| Certified Copy | () Photo Copies | () Certificate Under Seal |
| () Call When Ready | () Call If Problem | () After 4:30 |
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PARIMIPATO Toll Free: 1-800-432-3028

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ARTICLES OF INCORPORATION

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.

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| The name of the corporation shall be: ARTICLE I NAME ARTICLE I NAME PARSONS Reports No. 100 |
|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: |
| 3501 Jackson Street #302 |
| Hollywood, FL 33021 |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: OO Sheres at \$1.00 per value |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is: Laura M. Parsons 3501 Jackson Street #302 Holly wood, FL 33021 |

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Laura M. Parsons, Director, President, Vice President, Secretary, Tres.

3501 Jackson Street #302

Hallywood, FL 33021

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

Abul Mach
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: | Parsons Reporting, Inc. | | |
|----|--|--|--|--|
| 2. | 2. The name and address of the registered agent and office is: | | | |
| | Laur | (NAME) (NAME) | | |
| | <u>3501</u> (P.O. Bo | (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | | |
| | Holh | /WOOD FL 330Z \ (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 guid accept the obligations of my position as registered agent.