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TO: DIVISION OF CORPORATIONS

FAX #: (850)487-6013

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: SABLE GENEVA CONSULTING CORP.

AUDIT NUMBER..... H98000019889

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES..... 5

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# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 27, 1998

EMPIRE

SUBJECT: SABLE GENEVA CONSULTING CORP.

REF: W98000024283

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE PRINCIPAL OFFICE ADDRESS IS NOT CONSISTENT AND THE REGISTERED AGENTS ADDRESS IS THE ONLY ADDRESS THAT IS DIFFERENT IS THAT ADDRESS CORRECT?.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H98000019889 Letter Number: 898A00052632



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ARTICLES OF INCORPORATION

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**(3)** 

OF SABLE CENEVA CONSULTING CORP.

SECRETART OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I

#### NAME

The name of this Corporation shall be :

#### SABLE GENEVA CONSULTING CORP.

#### ARTICLE II

#### PURPOSE

This corporation is organized for the purpose of operating as a consulting company and transacting any and all lawful business.

#### ARTICLE III

#### CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1 par value common stock.

#### ARTICLE IV

#### INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is

9331 NW 42nd Court SUNRISE, FL 33351

and the name of the initial

registered agent of this corporation at the above

address is: BRIDGET PARKS
PREPARED BY: 8331 NW 42nd Court
DiRocco & Dombrow, BA Sunrise, Fl. 33351
3601 W.Commerical Blvd.
Ftl Lauderdale, Fl. 33309
Allan B. Dombrow, C.P.A.
(964) 700 - 0362

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#### ARTICLE V

#### DIRECTORS

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

BRIDGET PARKS
9331 NW 42ND COURT
SUNRISE, FL 33351

#### ARTICLE VI

#### INCORPORATORS

The name and address of the person signing these
Articles is: BRIDGET PARKS
9331 NW 42ND COURT
SUNRISE, FL 33351

#### ARTICLE VII

#### **POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

#### ARTICLE VIII

#### INDEMNIFICATION

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

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#### ARTICLE IX

#### AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this FOURTEENTH

day of October, 1998

### 4498000019889

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

SABLE GENEVA CONSULTING CORP.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 9331 NW 42nd Court SUNRISE, FL 33351 COUNTY OF BROWARD, STATE OF FLORIDA. HEREWITH APPOINTS. BRIDGET PARKS AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE (CORPORATE OFFICER)
TITLE
DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE REPORMANCE OF MY DUTIES.

SIGNATURE.

DATE

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