Department of State

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

50000 01/11/99--01074--019 *****97.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

56-433-3021 Daylime 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:	= A ARATEI
The name of the corporation shall be: NATIONAL ACCOUNTING ASSOCIATES, Fr	CORPORIT
ARTICLE II PRINCAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
The principal place of business and mailing address of this corporation shall be:	
BOCA ROJON. Fl. 33431	}=
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding a	it any one time is:
100	
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address of the initial registered agent are: (AROL HOWELL	- DV.0
7531 RIDGEFIELD LANE LAKE WORTH, FL 33467 ARTICLE V INCORPORATOR	99 JAN 1
The name and address of the incorporator to these Articles of Incorporation are:	3
CAROL HOWELL	PM PM
MS31 RIDGEFIELD LANE	- 187
LAKE WORTH, FL. 33467	PM 14: 34
Carol Howelf MAROL Howell 1-8-9 Signature/Incorporator Date	9
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(An additional article must be added if an effective date is reques	sted.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place design	nated in
this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to com	ply with
the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and ac	cept the
obligations of my position as registered agent	

Signature/Registered Agent

Date