PACO CONTROL OF State

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

200002751222--5 -01/22/99--01046--005 ****122 50 *****78 75

Re: MOCO Gystems , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Wery truly yours.

TALLAHASSECRITARY

(Individual's Name)

TMCO Systems TVE

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

328 S. Manve St.

Beverly Hills, FL 34465

PHONE

(352) 527-4381

Area Code Number Ext.

ARTICLES OF INCORPORATION

TMOCO SYSTEMS, INC

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

| ARTICLE I - CORPORATE NAME | | | |
|---|--|--|--|
| The name of the corporation is: | | | |
| TMOCO SYSTEMS, INC | of the | | |
| | DOS Y | | |
| ARTICLE II - DURATION | B B | | |
| This corporation shall exist perpetually unless dissolved according to Florida law. | 3.7 H | | |
| | The state of the s | | |
| ARTICLE III - PURPOSE | | | |

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| STREET ADDRESS | | |
|-------------------------------|------------|-----------|
| 328 S. MOI | UROE ST | |
| CITY BEVERLY HIL | (S FLORIDA | ZIP 34465 |
| Mailing address, if different | | |
| STREET ADDRESS | | |
| | | |
| CITY | FLORIDA | ZIP |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| NAME | CHARLES J. PONDER | THE BOOKKEEPER | & Assoc., Inc |
|---------|-------------------|----------------|---------------|
| ADDRESS | 2667-B N. FLOR | | - = |
| CITY | HERNANDO | FLORIDA | ZIP 34442 |

| • | ARTICLE VII - INITIA | L BOARD OF DIRECTO | RS |
|------------------------|---|---|--|
| either increase | poration shall have(ed or diminished from time to time by the By-La the initial director(s) of the corporation are as follows: | ws, but shall never be less t | The number of directors may be than one (1). The names and |
| NAME | THOMAS D. MOORE | | |
| ADDRESS | 328 S. MONROE | | |
| CITY | BEVERLY HILLS | | ZIP 34465 |
| NAME | BETTY L. COOPER | | |
| ADDRESS | BETTY L. COOPER 8323 N. SARAZE | NDR | 44 |
| CITY | CITRUS SPRINGS | STATE FL | ZIP 34434 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| The names and | ARTICLE VIII - | INCORPORATORS ticles of Incorporation are a | as follows: |
| NAME | THOMAS D. MOORE | | |
| ADDRESS | 328 S. MONROE S | 7 | |
| CITY | BEVERLY HILLS | STATE E | ZIP 34465 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| The undersigned day of | ned incorporator(s) have executed these Arti | | (Signature) |
| | | | (Signature) |

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

| TMOCO SYSTEMS, INC | 99 JAN 22 AH 10: 50 SECRETARY OF STATE TALLAHASSEE FLORIDA |
|-----------------------|--|
| (name of corporation) | |

HERNANDO, FL 34442
has named CHARLES J. PONDER / THE BOOKKEEPER & ASSOC., Inclocated at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)