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THE UNITED STATES CORPORATION COMPANY

99 APR 16 AM 9:55

ACCOUNT NO. : 072100000032

REFERENCE : 208780 162199A

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUTHORIZATION :

Patricia Pujate

COST LIMIT : \$ PPD

ORDER DATE : April 16, 1999

ORDER TIME : 4:04 PM

ORDER NO. : 208780-005

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-04/22/99--01001--015
*****78.75 *****78.75

CUSTOMER NO: 162199A

CUSTOMER: Rick M. Morse, CPA
RICK M. MORSE, CPA, P.A.
Suite 201
7800 N. University Drive
Tamarac, FL 33321

DOMESTIC FILING

RECEIVED

99 APR 16 PM 4:44

DIVISION OF CORPORATION

NAME: INTEGRATED BUSINESS SOLUTIONS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

PH 4/16/99 ✓

ARTICLES OF INCORPORATION
OF
INTEGRATED BUSINESS SOLUTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this Corporation shall be :

INTEGRATED BUSINESS SOLUTIONS, INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of **CONSULTANT SERVICES** and transacting any and all lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 2000 shares of \$ 1 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this corporation is:

17673 SW 32ND STREET
MIRAMAR, FLORIDA 33029

and the name of the initial registered agent of this corporation at the above address is:

MOISES SENTI

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:

MOISES SENTI
17673 SW 32ND STREET
MIRAMAR, FLORIDA 33029

ARTICLE VI

INCORPORATOR

The name and address of the person signing these Articles is:

MOISES SENTI
17673 SW 32ND STREET
MIRAMAR, FLORIDA 33029

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.

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 3RD day of April 1999

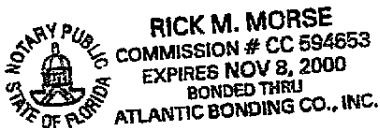
Moises Senti

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 3RD DAY of April, 1999 MOISES SENTI appeared before me the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.

Rick M. Morse
Notary Public

ss: My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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;

INTEGRATED BUSINESS SOLUTIONS, INC.

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

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIRAMAR, FLORIDA HAS NAMED MOISES SENTI LOCATED AT 17673 SW 32ND STREET MIRAMAR, FLORIDA 33029 IS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE *Moises Senti*
CORPORATE OFFICER
TITLE *President*
DATE *4-3-99*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE *Moises Senti*
DATE *4-3-99*