PHONE NO. : 7273975189

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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

Account Name : AL CLARK Account Number : 072100000173

Phone : (813)398-6011 Fax Number : (813)397-5189

FLORIDA PROFIT CORPORATION OR P.A.

MADIAS ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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.

ARTICLE I NAME

The name of the corporation shall be

MADIAS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2373 HIDDEN LAKE DRIVE PALM HARBOR, FL.34683

ARTICLE III SHARES

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: DEAN AND NICK MADIAS Address: 2373 HIDDEN LAKE DRIVE PALM HARBOR, FL.34683

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

PH#727-789-9452

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FROM: ACCOUNTING & TAX HELP INC. HPF 21 99 05:17p

PHONE NO. : 7273975189

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FROM : ACCOUNTING & TEX HELP INC.

PHONE NO. : 7273975189

Apr. 16 1999 11:27AM PS

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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):

> Nick and Dean Madias 2373 Hidden Lake Drive Palm Harbor, FL. 34683

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

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

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

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

MADIAS ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

Accounting & Tax Heip, INC. (Name)

8668 PARK BLVD. Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (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 and accept the obligations of my position as registered agent.

(Signature)

DATE 4-22-99

PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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