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

The PlanRoom, Inc.

100002856181---5 -04/29/99--01050--004 ****122.50 *****78.75

S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
FROM: _	Robert Gomes Name (P	rinted or typed)	
	2805 Tamiami Trail	Suite B	
		Address	•
	Punta Gorda, FL 339		
	City,	State & Zip	
,	941-639-0680		99 APR 29 TALLAHASSEE, FLORIC TALLAHASSEE, FLORIC

NOTE: Please provide the original and one copy of the articles.

E REGISTER MAY 4 1999

ARTICLES OF INCORPORATION

99 APR 29 AM IO: E

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETA Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The PlanRoom, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2805 Tamiami Trail Suite B Punta Gorda, FL 33950

ARTICLE III SHARES

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Gomes 2805 Tamiami Trail Suite B Punta Gorda, FL 33950

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert Gomes

2805 Tamiami Trail Suite

Punta Gorda, FL 33950

Signature/Incorporator

Date

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

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/Registered Agent

Date