Division of Corporation

0007293

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

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

Certificate of Status	0
Certified Copy	1
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N. CULLIGAN AUG 1 6 1999

ARTICLES OF INCORPORATION

OF

DIGITAL RETAIL SYSTEMS INC.

ARTICLE I NAME

The name of the corporation shall be: DIGITAL RETAIL SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

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

5805 PALM DRIVE

FORT PIERCE, FLORIDA 34982

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED) SHARES

Prepared by: Triple Check Income Tax Service 2506 Delaware Avc ft Pierce FL 34947 (561)461-5987 99 AUG 16 PH 3: 52
SECRETARY OF STATE
AHASSIF, FLORIDA

	5805 PALM DRIVE
1	FORT PIERCE, FL 34982
The name	ARTICLE V INCORPORATOR
	, , , , , , , , , , , , , , , , , , ,
	and street address of the incorporator to thes
	and street address of the incorporator to thes Incorporation is:

SCOTT ROHN, Incorporator.

CERTIFICATE OF DESIGNATION

REGISTERED ACENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

DIGITAL RETAIL SYSTEMS INC.

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

SCOTT ROHN

5805 PALM DRIVE

FORT PIERCE, FL 34982

Signature: INCORPORATOR

Title:

Date: 8//6/

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 HERBY 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:

8/16/99

99.AUG 16 PH 3: 52 SECRETARY OF STATE