Department of state
Division of Corporations
P. G Box 6327
Tallahassee, FL 32314

SUBJECT: MADISON FINANCIAL SERVICES, INC

(Proposed corporate name - must include suffix)

500029581

-08/12/99--01062--012 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: DONALD L. GOLDSTEIN

Name (Printed or typed)

7171 NORTH

FEDERAL

Highway

BOCA RATON.

L. 33487

City, State & Zip

561-998-3806

Daytime Telephone number

12 PM 5: ARY OF STA

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

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

MADISON FLUORICAD SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

BOCA RATION FL. 33487

<u>ARTICLE III SHARES</u>

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BOHALD L. GOLDSTEIN

ARTICLE V INCORPORATOR

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

DONALD 1. GOLDSTEIN

7171 NORTH FEDSTAL HIGHWAY BOCA RATON FL. 33487

Doned L. Gulter

Aug. 8, 1999

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

Ang 8, 199

Date