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Integrated Systems Solutions Providers, Inc.	9000029926590 -09/21/9901067005 *****87,50 *****87,50
2555 WPA -21767	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Certificate of Fictitious Name Certificate of Fictitious Name Certificate of Fictitious Name LTD Partnership File SEP OF STATE CORPORATION CORPORATION CORPORATION CORPORATION AND CORPORATION CORPO
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99 SEP 23 PM 1:58

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 21, 1999

CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET #1 TALLAHASSEE, FL 32302

SUBJECT: INTEGRATED SYSTEMS SOLUTIONS PROVIDERS, INC.

Ref. Number: W99000021767

We have received your document for INTEGRATED SYSTEMS SOLUTIONS PROVIDERS, INC.. However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please fall (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 499A00046279

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ARTICLES OF INCORPORATION of

99 SEP 23 PM 1:58

INTEGRATED SYSTEMS SOLUTIONS PROVIDERS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Article of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be Integrated Systems Solutions Providers, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business address of the corporation shall be 13729 NW 22nd Place, Sunrise, FL 33323. The mailing address is PO Box 490202, Ft. Lauderdale, FL 33349-0202.

ARTICLE III - PURPOSE

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is 1,000 at \$1.00 par value.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Zenora Kerr-Ward, 5725 Corporate Way Suite 206, West Palm Beach, FL 33407.

ARTICLE VI - INCORPORATORS

The name and address of the incorporator to these Articles is Zenora Kerr Ward, 5725 Corporate Way, Suite 206, West Palm Beach, FL 33407.

ARTICLE VII - OFFICERS AND SELECTION

The number of directors of this corporation shall be at least one (1), and not more than seven (7).

ARTICLE VIII - BOARD OF DIRECTORS

The name and address of the first member of the Board of Directors of this corporation is as follows:

Delbert White

13729 NW 22nd Place West Palm Beach, FL 33407

ARTICLE IX

The corporation shall exist perpetually.

The undersigned incorporator has executed these Articles of Incorporation this 20th day of September, 1999.

Zenora Kerr-Ward

SECRETARY OF STATE DIVISION OF CORPORATIONS 99 SEP 23 PM 1:58

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, 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:

Integrated Systems Solutions Providers, Inc.

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

Zenora Kerr-Ward 5725 Corporate Way, Suite 206 West Palm Beach, FL 33407

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.

enola Keu-Wau (SIGNATURE)

(DATE)