(Proposed corporate name - must include suffix)

BADALUCCA & ASSOCIATES, INC.

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

SUBJECT:

800003007688--1 -10/06/99--01081--016 *****70.00 ******70.00

sed is an origina	ıl and one(1) copy of the artic	les of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	SEBASTIAN ZEOLI, JR., PA Name (Printed or typed)		
	10707-66 STREET NORTH SUITE 7		
	Address		`
	PINELLAS PARK, FLORIDA 33782		99 OCT
	City, State & Zip		OT AH
	727-541-2287		25E
	Daytime	Telephone number	He 3 1

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

10 1 N

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.

ARTICLE I NAME

The name of the corporation shall be:

BADALUCCA & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3587 CRITTENDOÑ STREET NORTH PORT, FLORIDA 34287

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SEBASTIAN ZEOLI, JR., PA 10707-66 STREET NORTH SUITE 7 PINELLAS PARK, FLORIDA 33782

ARTICLE V __INCORPORATOR

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

SEBASTIAN ZEOLI, JR., PA 10707-66 STREET NORTH SUITE 7 PINELLAS PARK, FLORIDA 33782

Signature/Incorporator

10-4-99 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

10-4-99

Date