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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)922-4001 Fax Number

From:

Account Name : INTEGRATED MANAGEMENT GROUP, INC.

Account Number : 119990000058 Phone : (954)753~6042 Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

YOUR TIME MATTERS, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be: YOUR TIME MATTERS, INC. 973 PARKSIDE CIRCLE N. BOCA RATON, FL 33486

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

973 PARKSIDE CIRCLE N. BOCA RATON, FL 33486

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SECRETARY OF STATE
TALLAHASSIE, FLORIO

INTEGRATED MANAGEMENT GROUP, INC. 10139 NW 31ST STREET SUITE 101 CORAL SPRINGS, FL 33065... (954)753-2222 H990000283640

ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: CHERYL L. ALTMAN 937 DAFFODIL DRIVE WELLINGTON, FL 33414

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is: RENEE L. WEIL 973 PARKSIDE CIRCLE BOCA RATON, FL 33486

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The undersigned has executed these Articles of Incorporation this 9th DAY OF NOVEMBER.

Date:

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: YOUR TIME MATTERS, INC.
- 2. The name and address of the registered agent CHERYL L. ALTMAN 937 DAFFODIL DRIVE WELLINGTON, FL 33414

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: Chent & Ul Ma

Date: //-9-99

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SECRETARY OF STATE