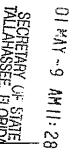
TRANSMITTAL LETTER t01000046378

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



ASAP TECHNOLOGIES INC.
(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee

Filing Fee, Certified Copy

& Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: THOMAS P. GREEN
Name (Printed or typed)

POST OFFICE BOX 478
Address

 GRZZNS BORO
 FL
 32330

 City, State & Zip

850 - 442 - 4889 Daytime Telephone number

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 Flori	ida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

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The name of the corporation shall be:

ASAP TECHNOLOGIES INC.

ARTICLE II PRINCIPAL OFFICE

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

POST OFFICE BOX 478 310 GADSDEN AVE.

GREENSBORD , FL 32330

ARTICLE III SHARES

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

100 SHARZS

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

THOMAS P. GRZZN P.O. BOX 478 310 GADSOZN AVZ.

CREENSBORD, FL

INCORPORATOR ARTICLE V

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

THOMAS P. GREEN P.O. Box 478 310 GADSDEN AVE. GREENSBORO, PL 32330

MAY 9 200/ .

(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