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

SUBJECT:	niap -	Tate name - must include su	Mio.	_
	(Croposed Corpor	into mane i masi aronace se	900001994325 -11/01/9601081- *****78.75 ****	-013
Enclosed is an original	l and one(1) copy of t	he articles of incorpor	ation and a check for :	
☐ \$70 Filing I	ee Filing Fee	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: J	Acquelyn t.	PAGE (Printed or typed)	W96-23562	
_78	107 St. An	DREWS CIRCI	<u>'E</u>	
	OPLANOO, 1	7 32835 ity, State & Zip		
	407-294-85 Daytimo	35 e Telephone number	(20) .x.	
			y of the articles.	
NOTE:	Please provide the	original and one cop	y of the articles.	4

7807 St. andrews Gircle Orlando, Glerida 32835 Horenber 25, 1996 So Whom It May Concern! ne during the day at (407) 3/7-3200; Off 2873 if you should have additional questions. The corrections have been mide per your request. Thank your four your Nespectfully, Jacquelynstage Subject: Niap Inc. Ref. Number: W96000023562



FLORIDA DEPARTMENT & STATE Sandra B. Mortham Secretary of State

November 6, 1996

JACQUELYN T. PAGE 7807 ST. ANDREWS CIRCLE ORLANDO, FL 32835

SUBJECT: NIAP, INC.

Ref. Number: W96000023562

We have received your document for NIAP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return 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 call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 396A00050940

ARTICLES OF INCORPORATION

The undersigned, acting as invorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE !

Name

The name of the corporation shall be:

niaP, Inc.

Section of the second of the s

ARTICLE II

Principal place of business and mailing address

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

ORLANDO, FIORIDA

7807 St ANDREWS CHRELE

ORLANDO, FI 32835 (401) 294-8535

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

TRAINING IN COMPUTERS - HOW to OPERATE -HOW to use word processing Sof, while & Spieno Sheets.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

By Vale vote, OR AS DIRECTED by ON BY-LAWS.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

NA

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

JACQUEIYN T. PAGE 1807 ST. ANDREWS CIRCLE ORLANDO, FI 32835

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

JACQUELYN T. PAGE 7807 ST ANDREWS CIRCLE ORLANDS, PI 32835

Signature of Incorporator:

Jucquelyn T. Tage
Typed/finme of Incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE 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:	FILE BU 27 RECENTION
mest include suffix)	
2. The name and address of the registered agent and office is:	9: 15 LURIDA
JACQUELYN 7. PAGE (NAME)	_
7807 St. A MARENS CIRCLE (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	_
ORLANDO, FJ 32835 (CITY/STATE/ZIP)	_

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.

Jacquely Stad 9/28/96
(DATE)