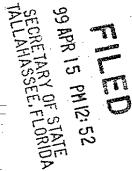
TRANSMITTAL LETTER

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



SUBJECT:		TECHNOLOGIES			
_	(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

3 \$78.75 Filing Fee & Certificate of

Status

\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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	_	≌⊲ FROM:	FOSTER SCOT	LAND	•	-04/15/99	
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

/99--01091--015

ARTICLES OF INCORPORATION

The undersigned inc Not for Profit Corp	corporator, for the purpose of forming a corporation under the Florida poration Act, hereby adopt(s) the following Articles of Incorporation:	
	NAME orporation shall be:	99 APR
	JUSTHUS TECHNOLOGIES, INCORPORATED	ASS.
	PRINCIPAL OFFICE the of business and mailing address of this corporation shall be: Po Bo + 292394	99 APR 15 PM 12: 52 SECRETARY OF STATE TALLAHASSEE, FLORID
	TAMPA, FL 33687	= 0
The specific purpo	PURPOSE(S) ose(s) for which the corporation is organized is(are): Computer Technical Training /E	·
ARTICLE IV The manner in wh	MANNER OF ELECTION OF DIRECTORS nich the directors are elected or appointed is: Appointed As provided in the bylaws	
	INITIAL REGISTERED AGENT AND STREET ADDRESS orida street address of the initial registered agent are:	 -
F	OSTER SCOTLAND SOIG MAPLE HILLS DR TAMPA, FL 33617	
ARTICLE VI The name and ac	INCORPORATOR Idress of the Incorporator to these Articles of Incorporation are:	- · =
	FOSTER SCOTLAND	· ···
Tostu	TAMPA; FL 33617 Sentland 4/10	<u> </u>
Signa	ture/Incorporator Da	ite
Having been named	(An additional article must be added if an effective date is required as registered agent and to accept service of process for the above state	

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.

Fost: Scalle 4/10/99
Signature/Registered Agent Date