TRANSMITTAL LETTER

000007144

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

600003038916--8 -01/14/00--01054--007 *****78.75 *****78.75

Enclos	ed is an origin	al and one(1) copy of the articl	es 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	OO JAN I		
FROM: Richard P. Walker Name (Printed or typed) 3177 Secret Woods Trail West Address					S AMIO:	FIED	
Jackson Ville, FL 32216 City, State & Zip							
904-730-8137 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 Florida

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

ARTICLE I NAME The name of the corporation shall be: IFFIO, IK. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation 3177 Secret Woods Train Jacksadville, FL 32216	FILED SECHE HAN 14 AM 10: 1 NALLAHASSEE, FLORI n shall be:						
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:							
100	ore outstanding at any one time is.						
ARTICLE IV INITIAL REGISTERED AGENT AND ST The name and Florida street address of the initial registered agent are:	Richard P. Welker 3177 Seurt Wood Trail West						
ARTICLE V INCORPORATOR	Jackronville, FL 32216						
The name and address of the incorporator to these Articles of Incorp	oration are: Richard P. Walker 3177 Secret Woods Trail W. Jacksonville, PL 3226						
Signature/Incorporator Richard P. Walker	1-9-00 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 all this certificate, I hereby accept the appointment as registered agent and agree to a the provisions of all statutes relating to the proper and complete performance of obligations of my position as registered agent Signature/Registered Agent	ct in this capacity. I further agree to comply with my duties, and I am familiar with and accept the						
neum o megmeren agent	Date						