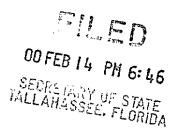
# TRANSMITTAL LETTER OOOOOOOSS STANSMITTAL LETTER

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

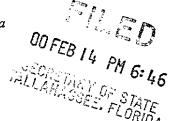


Tallahassee, FL 32	314		
SUBJECT:	UniSpections Grow (Proposed corpo	P, INc.	fix)
		3000 a check fo	003116183 -01/31/0001095 ******87.50 ***** r:
Enclosed is an origi	inal and one(1) copy of the articl	es of incorporation and a	a check for :
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM		へmoいち Printed or typed)	
		anch Wal	
	Orlando FL	32817 State & Zip	<del></del>
312 d	(407) 310-8	3578 or (407) Telephone number	671-4689

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

The unde	ersigned	incorpore	ator, for the	purpose	of forming	a corpo	ration ur	nder the l	Florida
Business	Corpor	ation Act,	hereby ado	pts the fo	ollowing Ar	ticles of	Incorpor	ration.	



#### ARTICLE I NAME

The name of the corporation shall be:

Uni Spections Group, INC.

## ARTICLE II PRINCIPAL OFFICE

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

2480 OLIVE Branch Way Orlando Florida 328/7

#### ARTICLE III **SHARES**

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

shares 100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

R. Simmons Daphne 2480 OLIVE Branch Way Orlando Florida 32817

# INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Daphne Simmons 2480 Ouve Branch Way Oplando FLorida

Signature/Incorporator

2-7-00

(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

2-7-00

Date

Date