POODOOS4526 TRANSMITTAL LETTER

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

SUBJECT:

900003185689---2 -03/27/00--01123--018 ******78.75 ******78.75

Enclosed is an original and one (1) copy of the article	es of incorporation and a	a check for:		
\$70.00 \$\omega\$ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status		
P.O. Box 33	RIGBY inted or typed)/	ECRETARY OF STAT	00 APR -5 AHII: 52	
Atlantic Goy, 22 (904) 22 Daytime To	State & Zip 20 - 6930 elephone number	323.5	2	

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

W 8521 W 3/30



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 30, 2000

DAVID A. RIGBY P.O. BOX 331571 ATLANTIC BEACH, FL 32233

SUBJECT: RAD CORP.

Ref. Number: W00000008527

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

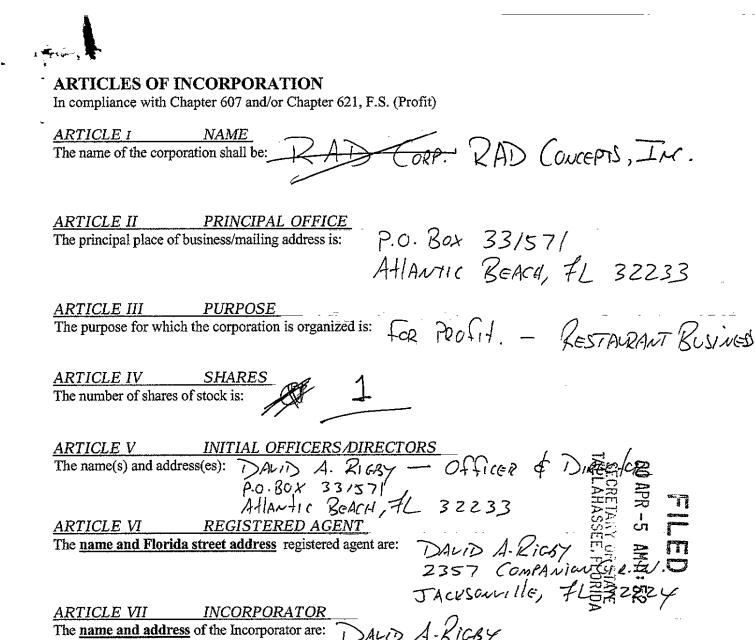
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Letter Number: 900A00017556

Alan Crum Document Specialist

Division of Comparations P.O. BOY 6327 Tallahassee Florida 32314



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

Signature/Incorporator

MADEH 25, 2000

P.O. BOX 331571 AllANTIC BEACH, FL 32233

Date

MARCH 25, 2000