TRANSMITTAL LETTER

Department of State Division of Corporations

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

SUBJECT: FOOTPRINTZ UNLIMITED (Proposed corpora	ate name - must include su	ffix)	_
Enclosed is an original and one(1) copy of the articles		00003199 -04/07/000 *****78.75 check for :	1 460 1001013 *****78.75
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	inted or typed) (- ddress 32404 State & Zip	DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	RECEIVED
250 - 228-6453 Daytime Te	elephone number iginal and one copy o	SECRETARY OF STATE FLORIDA T. SMITH	APPROVED FILED 2006

ARTICLES OF INCORPORATION

Signature/Registered Agent

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: FOOTPRINTZ UNLIMITED, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1129 OCACA RD K-1 TACAHASSEE, FLORIDA 32304
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: MICHAEL W. HALL 1126 OCALA RD ADT K-1 1126 OCALA RD K-1 1126 OCALA R
MICHAEL HALL 1126 OCALA RD E-1 TALLAHASSEE, FL 32304 Signature/Incorporator MICHAEL HALL 1126 OCALA RD E-1 TALLAHASSEE, FL 32304 APRIL 6, 2000 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 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