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TRANSMITTAL LETTER

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

100003241501--9  
-05/05/00--01090--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

O2 QUALIFIERS, INC.

SUBJECT: \_\_\_\_\_  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$\_\_\_\_78.75\_\_\_\_.

FROM:

JOHN PAUL MONIZ

\_\_\_\_\_  
Name (printed or typed)  
8938 SHADOW WOOD BOULEVARD

\_\_\_\_\_  
Address  
CORAL SPRINGS FL 33071

\_\_\_\_\_  
City, State, & Zip  
954 341-7568  
(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 MAY -5 AM 10:58

FILED

Note: Please provide the original and one copy of the Articles.

AR 5/9

FILED

2000 MAY -5 AM 10:58

ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

O2 QUALIFIERS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

O2 QUALIFIERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

8938 SHADOW WOOD BOULEVARD  
CORAL SPRINGS FL 33071

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN PAUL MONIZ  
8938 SHADOW WOOD BOULEVARD  
CORAL SPRINGS FL 33071

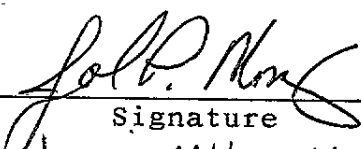
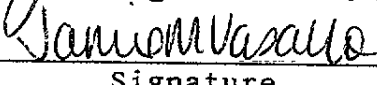
ARTICLE V INCORPORATOR(S)  
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The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOHN PAUL MONIZ  
8938 SHADOW WOOD BOULEVARD  
CORAL SPRINGS FL 33071

JANICE M VASALLO  
10301 NW 44TH STREET  
CORAL SPRINGS FL 33065

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this TWENTY-SIXTH day of APRIL 2000   .

X   
Signature J.P. MONIZ  
X   
Signature J.M. VASALLO

\_\_\_\_\_  
Signature

FILED

2000 MAY -5 AM 10:58

CERTIFICATE OF DESIGNATION  
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REGISTERED AGENT/REGISTERED OFFICE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

O2 QUALIFIERS, INC.  
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2. The name and address of the registered agent and office is:

JOHN PAUL MONIZ  
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(NAME)

8938 SHADOW WOOD BOULEVARD  
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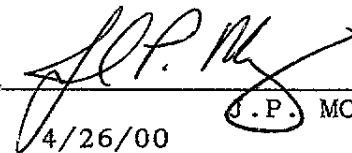
(P.O. BOX NOT ACCEPTABLE)

CORAL SPRINGS FL 33071  
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(CITY/STATE/ZIP)

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 X

  
J.P. MONIZ

DATE

4/26/00