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TRANSMITTAL LETTER

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

FILED
00 MAY 22 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: NIPPER MANAGEMENT SOLUTIONS, INC.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

SIGNED: _____

From: CARL D. WILSON

Name

216 BAY ARBOR BOULEVARD

Address

OLDSMAR, FLORIDA 34677

City

State

Zip

1 (813) 814-2118

Telephone Number

700003261857--4
-05/22/00--01112--002
*****78.75 *****78.75

E. G. WILSON

MAY 22 2000

ARTICLES OF INCORPORATION
OF
NIPPER MANAGEMENT SOLUTIONS, INC.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: NIPPER MANAGEMENT SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

216 BAY ARBOR BOULEVARD
OLDSMAR, FLORIDA 34677

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARL D. WILSON
216 BAY ARBOR BOULEVARD
OLDSMAR, FLORIDA 34677

ARTICLE V INCORPORATOR

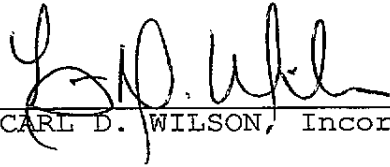
The name and street address of the incorporator to these Articles of Incorporation is:

CARL D. WILSON

216 BAY ARBOR BOULEVARD

OLDSMAR, FLORIDA 34677

The undersigned has executed these Articles of Incorporation
this 17th day of May 2000.

A handwritten signature in cursive script, appearing to read 'C.D. Wilson', is written over a horizontal line.

CARL D. WILSON, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

NIPPER MANAGEMENT SOLUTIONS, INC.

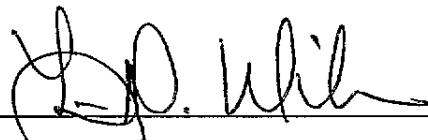
2. The name and address of the registered agent and office is:

CARL D. WILSON

216 BAY ARBOR BOULEVARD

OLDSMAR, FLORIDA 34677

Signature: _____



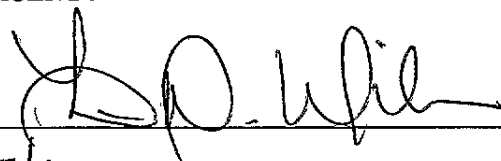
Title: VICE-PRESIDENT

Date: _____

5/17/00

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: _____



Date: _____

5/17/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 22 AM 9:41

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