TRANSMITTAL LETTER

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

SUBJECT:	OPPOCK TECHN (Proposed corpor	OLOGIES, IA rate name - must include sur	IC. ffix)	
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a o	check for :	-
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Shawn D. Coppock 100003282141 2 Name (Printed or typed) -06/15/0001114002 ****131.25 ************************************				
-		ARK, EL. 3 State & Zip		SECRI DIVISION
_	904-27	•		SECRETARY OF ST NVISION OF CORPOR

B. McKnight JUN 2 1 2000

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

ARTICLES OF INCORPORATION

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:

COPPOCK TECHNOLOGIES, INC.

ARTICLE II. PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:

647 CHARLES CARROL STREET ORANGE PARK, FLORIDA 32073

ARTICLE III. SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED
AGENT ARE:

SHAWN D. COPPOCK 647 CHARLES CARROL STREET ORANGE PARK, FLORIDA 32073 DIVISION OF CORPORATIONS

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ARTICLE V. INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

SHAWN D. COPPOCK 647 CHARLES CARROL STREET ORANGE PARK, FLORIDA 32073 SECRETARY OF STATE DIVISION OF CORPORATIONS

SIGNATURE/INCORPORATOR

Shaw D. Coppoch

DATE June 13, 2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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

DATE June 13, 2000