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Paul F. Paffe 7805 Baymeadows Circle West Jacksonville, FL 32256 (904) 234-4774

October 3, 2000

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 300003413723--9 10/04/00-07054-004 *****70.00 ******70.08

To Whom It May Concern:

Enclosed please find the following to establish a new Florida corporation:

- 1. Original and one copy of Articles of Incorporation
- 2. Certificate of Designation: Registered Agent/Registered Office
- 3. Check in the amount of \$70.00 to cover the following:

a) Filing fee, Articles of Incorporation -

\$35.00

b) Filing fee, Registered Agent -

\$35.00

The name of the corporation shall be Technology Visions, Inc.

Thank you for your assistance with this filing.

Sincerely,

Paul F. Paffe

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Articles of Incorporation

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

Article I

The name of the corporation is: Technology Visions, Inc.

Article II

The period of its duration is perpetual

Article III

The purpose is to engage in any activities or business permitted under the laws of the United States of America and the State of Florida. Primary concentration of business will be the marketing and selling of technology-related products and services to commercial, non-profit, government and educational institutions.

Article <u>IV</u>

The capital stock of this corporation shall be divided into One Thousand Shares (1,000) with a par value of one dollar (\$1.00) per share, fully paid and non-assessable.

Authorized Shares. One hundred thousand (100,000) shares of common stock at a par value of one dollar (\$1.00) per share shall be authorized.

Initial Issue. One Thousand (1,000) shares of the capital stock of the corporation shall be issued for cash at a par value of one dollar (\$1.00) per share.

Dividends. The holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Board of Directors, dividends payable either in cash, in property, or in shares of the capital stock of the corporation.

Article V

The principal street address and the registered office address are the same, that being: 7805 Baymeadows Circle West, Jacksonville FL 32256, and the name of the registered agent at such address is PAUL F. PAFFE.

<u>Article VI</u>

The name and address of the person who shall serve as director until the first annual meeting of the shareholders, or until his successor(s) shall have been elected and qualified, are as follows:

<u>NAME</u>	NO. and STREET	CITY, STATE	ZIP
Paul F. Paffe	7805 Baymeadows Circle West	Jacksonville, FL	32256

Article VII

The name and address of the initial incorporator is as follows:

<u>NAME</u>	NO. and STREET	CITY, STATE	<u>Z1P</u>
Paul F. Paffe	7805 Baymeadows Circle West	Jacksonville, FL	32256

Article VIII

The shareholders shall have the power to adopt, amend, and/or alter the Articles of Incorporation when proposed and approved at a stockholder's meeting, with no less than a majority of the common stock.

IN WITNESS WHEREOF, the undersigned have made and subscribed to these Articles of Incorporation at Jacksonville, FL, on this the 3rd day of October, A.D. 2000.

Paul F. Paffe

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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 TO STATE OF following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Technology Visions, Inc.
- 2. The name and address of the registered agent and office is:

Paul F. Paffe 7805 Baymeadows Circle West Jacksonville, FL 32256

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: