DOODOOLOGIAN TRANSMITTAL LETTER

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SECRETARY OF STATE.

TALLAHASSEE, FLORES.

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314		8		9 <b>3</b> 18——6 ¥23—012			
SUBJECT:	PS T	L+L TÈNAME-MUST INCI	**************************************	******87.50 -			
			300003415 -11/08/000 *****58.75	9386 1036025 *****\$8.75			
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a	check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM: Paul Sullvan Name (Printed or typed) 800003415938E -10/05/0001123012							
5700 SW 89TH Place ******87.50 ******78.75 Address							
Ocala Fl 34476 City, State & Zip							
(352) 291-1599 Daytime Telephone number							
0 3551, 534,500,3556							

189, 3551, 534,511,3550 NOO-24381

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 9, 2000

PAUL SULLIVAN 5700 S W 89TH PLACE OCALA, FL 34476

SUBJECT: PSI2, LTD.

Ref. Number: W00000024381

We have received your document for PSI2, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

PLEASE COMPLETE THE CERTIFICATE OF DOMESTICATION ATTACHED AND RETURN.

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 600A00053179

CERTIFICATE OF DOMESTICATION  The undersigned O O O O O O O O O O O O O O O O O O O
The undersigned, Paul Sullivan, President 100 NOY-8 PM 1:22
(Name) (Title) (Title) (1:22
of PSI 27D  a foreign Corporation, 100 of STATE  (Corporation Name)
in accordance with F.S., 607.1801 does hereby certify:
1. The date on which corporation was first formed was
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise
came into being was State of Colorado, City of Latayette
5. The name of the corporation immediately prior to the filing of this Certificate of Domestication
was $PSI^{\alpha}$ LTD
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is PSIZ, Inc
5. The jurisdiction that constituted the seat, siege, social principal place of business or central
definition of the corporation, of any other equivalent thereto under employed to the corporation.
infinediately prior to the filing of the Certificate of Domestication was
- State of Florida City of Ocala
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.
O = A = A
I am President, of PSIA, Inc
and am authorized to sign this certificate of Domestication on behalf of the corporation and have done
so this the 2 day of Nouse in her
so this the 2 day of November , 2000.
auf Julivon
(Authorized Signature)
Filing Fee:
Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy \$78.75  Total to domesticate and file \$128.75
\$128.75
INHS53 (1/00)
Interest to domesticate and file  S128.75  - 70-00 Already Paid  Balance = \$58.75

ARTICLES C	F INCORPORATION	or 621 FS (Profit)		•
In compliance wi	ith Chapter 607 and/or Chapter	( 021, 1.5. (1 fortt)		* p.,
ARTICLE I	NAME		Grand B. Control of the Control of t	
The name of the c	corporation shall be:		2, Inc SECHETARY OF TALLAHASSEE. F	
	. <del>-</del>	PSI	2 Inc score	1:22
		-	TALLAHASSI CF	STATE
ARTICLE II	PRINCIPAL OFFICE		Financial P	LURIDA
The principal place	e of business/mailing address is	S:	·	• •
France-Lens Lens	5700 SW 89T	H Place		
	Ocala, Fl 3	24476		
		, , , , -		
ARTICLE III	PURPOSE	nimad see		
The purpose for	which the corporation is organ	t l	inal Articles f	er-
	flease See a	ittached only	mal miles	
	Incorporating	in Coloruc	lo	
ARTICLE IV				
The number of sh	ares of stock is:	c -1 -	100 of \$100	par value
	Current numb.	er of shores	15 100 at \$1.00 1	
100000				
ARTICLE V The name(s) and	INITIAL OFFICERS/DIR			
The name(s) and		T 5700	o sw 89 <sup>TH</sup> Place Ocila, SAME Address	F/ 3447
faul Dull	wan. President +	Treasure.	Joseph Trace Oute	. •
Claude a L	Sullivan - Vice Presiden	to Secretary -	SAME Address	
Charle	- • • • • • • • • • • • • • • • • • • •	,		
ARTICLE VI	REGISTERED AGE	NT		
	lorida street address of the re			
0 0 5	llivon - 5700 su	5 89 TH DI O	al F1 34476	
soul Jul	livon.	= 11		
4 DATE: 1111	THOODBOD A TOD			
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	·		
The <u>name and ac</u>	. 1	C. GCTH DI	Oc. 1. El 34476	-
Paul Su	illivan - 5700	SW 87 11	Ocala, F1 34476	
	والإنجاز الله والإنجاز والوجار		********	****
• • • • • • • • • • • • • • • • • • • •	**************************************		ated corporation at the place designat	
certificate, I am fam	iliar with and accept the appointmen	nt as registered agent and agr	ee to act in this capacity	
	1			
1 /	Lallwan		10-2-00	· v.
Signature/Registe	red Agent		Date	
	<u>/</u>	* * * <u></u>		
( A) 1	11.10.		14-2-00	<u>.</u> .
Signature/Incorp	orator		Date	·