TRANSMITTAL LETTER

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

400004456984--07/03/01--01008--004 ******70.00

SUBJECT:	-07/03/010 ******70.00				
SUBJECT:	OTI Communicati (PROPOSED CORPORA	PENAME ⁿ MUST INCL	UDE SUFFIX)	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	 1	
♀ \$70.00	\$78.75	□ \$78.75	\$87.50)	
Filing Fee	•	Filing Fee	Filing Fe		
	& Certificate of Status	& Certified Copy	Certified		
			& Certifi	cate of	
	ADDITIONAL COPY		Status PV PFOID	<u>.</u>	
		ADDITIONAL CO	I J REQUI	NED	
TTD 03.4	.	_			
FROM: Loran N. Schubarg Name (Printed or typed)					
	•	- · ·			
P.O. Box 560771					
	Address				
	Pinecrest, FL _ 33256-0771				
	City,	State & Zip	 		
				_	
	(305) 252-659	0	·-	, 24 €	
	Daytime To	elephone number		L SS	

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

Articles of Incorporation

In compliance with Chapter 607 and/or Chapter 621, F.S.

ARTICLE I NAME

The name of the corporation shall be: OTI Communications, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

P.O. Box 560771

Pinecrest, FL 33256-0771

PURPOSE ARTICLE III

The purpose for which the corporation is organized is: sales.

ARTICLE IV SHARES

The number of shares of stock is: 200.

INTIAL OFFICERS/DIRECTORS ARTICLE V

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Loran N. Schubarg 20521 SW 50th Place Fort Lauderdale, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Loran N. Schubarg 20521 SW 50th Place Fort Lauderdale, FL 33332

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

6/28/01
Date
6/28/01