POLOCOLO PALO C TRANSMITTAL LETTER

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

SUBJECT: Vencon Corporate NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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		
FROM:	MARK WILLSON F Name	Printed or typed)			
		Address 3 4 2 8 4 State & Zip	SECRE TARY	2001 NOV 13	
	941 - 488-77 Daytime T	68 Telephone number	EE FLORIDA	PM 12: 08	

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Vencon Corp.

FILED

2001 NOV 13 PM 12: 08

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

248 S. NoKomis Ave Venice, FL 34285 P.O. Box 1806 Venice, FL 34284

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful business within the state of FloRIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MARK Willson Paolillo, President P.O. Box 1806 Venice, FL 34284

ARTICLE VI REGISTERED AGENT

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

MARK Willson Pachillo aus S. Nokomis Aue Venice, FL 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK Willson Paolills P.O. Box 1806 Venice, EL 34284

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

Minds of Miles Date

11/8/0/

Signature/Registered Agent

11/8/0/