PO1000 118667

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 **700004**726277--2 -12/14/01--01036--003 ******78.75 *****78.75

SUBJECT: KBA USA, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
Enclosed are an orig	ginal and one (1) copy of the arti	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	S87.50 Filing Fee, Certified Copy & Certificate of Status					
FROM:	M. Scort Me Name 1223 N. La		· · · · · · · · · · · · · · · · · · ·	SECRETARY OF TALLAHASSEE, OI DEC 14 AM				
	Niceville, FL City 850-897-1	32578 , State & Zip 216 Telephone number		STATE FLORIDA 7: 45				

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 62	1 E C (D C)		9 E
- vop-masso with Chapter 607 and/of Chapter 62	i, f.S. (Profit)		OI DEC 14
ARTICLE I NAME	·	٠.	- D
The name of the corporation shall be: KBA	1101 -		OLDEC 14 A
NOA (DH, INC.	•	
			· بــــ
ARTICLE II PRINCIPAL OFFICE			! 동 년
The principal place of business/mailing address is:	1000 1		
	1223 N.	Lakeshor	e Dr.
	Niceville;	E1 22	570
ADTIGUE III DEPART	meenne,	FL 32	2 18
The number for which the		-	
The purpose for which the corporation is organized	is: Cala	11 /	, ,
	Jaies, Mar.	Keting, en	tertzinmen
)-	•
ARTICLE IV SHARES		· .	± .
The number of shares of stock is:			
100			
ARTICLE V INITIAL OFFICERS/DIRECT			
ARTICLE V INITIAL OFFICERS/DIRECT The name(s), address(es) and title(s):	ORS (optional)	•	
··			
M. Scott McAda - Presiden	_ P D		
1223 North Lakeshore Dr.	((- , . , . , . , ,	rown, Vice	President
Niceville, FL 32578	606 Cor	morce De 4	= 2l = 1
	Peachtre	e City, GA 3	07.69
ARTICLE VI REGISTERED AGENT		,,	
The name and Florida street address of the register	ed agent is:		
	7	M. Scott	VICADA
		1223 North Lak	
		Niceville, FL	. 32578
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
3	M. Scott N	ИсAda	
	1223 North Lak		
	Niceville, FL	32578	
·*************************************	: * * * * * * * * * * * * * * * * * * *		
write occi immen as registered agent to accomt comics of			******
ertificate, I am familiar with and accept the appointment as reg	istered agent and agree t	corporation at the pla o act in this capacity	ce designated in this
M. Mar All Alla		11-28-6	<i>)</i>
Signature/Registered Agent			
1/0/ // 1/	•		
M/ Acas M/c Willer			01
Signature/Incorporator	· · · ·	Date	<u>- 1</u>