

P02000035181
Vectorpro, Inc.
Instructions for filing Articles of Incorporation

February 21, 2002

Signature . . .

The original and one copy should be signed on page 3 and page 4.

Payment...

A check or money order in the amount of \$70.00 should be made payable to Division of Corporations.

Filing . . .

600005153316--8
-03/25/02--01043--013
*****70.00 *****70.00

The original and one copy of the articles of incorporation should be mailed to:

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

as soon as possible.

STEVEN H. MACHIELA, CPA, PA
CERTIFIED PUBLIC ACCOUNTANT
• LAKE WORTH, FLORIDA 33467 • PHONE (561) 964-8182 • FAX (561) 964-8824

6801 LAKE WORTH ROAD, SUITE 124

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 25 PM 2:57

4-1-02

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VECTORPRO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5341 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (ONE HUNDRED SHARES)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORVILLE O. OSBOURNE
5341 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Articles of Incorporation is (are):

ORVILLE O. OSBOURNE, PRESIDENT
5341 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 20TH DAY OF FEBRUARY, 2002.



ORVILLE O. OSBOURNE

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is VECTORPRO, INC.

2. The name and address of the registered agent and office is:

ORVILLE O. OSBOURNE

(Name)

5341 MEADOWS EDGE DRIVE

(PO Box not acceptable)

LAKE WORTH, FL 33463

(City, State, Zip)

Having been named as registered agent and to accept service of process for the above state 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 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.

Orville O. Osbourne
(Signature)

3/6/02
(Date)

**DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE,
FL 32314**

FILED STATE
SECRETARY OF CORPORATIONS
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