TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327

SUBJECT: SON SERVICES. CORPORATE NAME - MUST INCLUDE SUFFIX)

Tallahassee, FL 32314

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

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ARTICLE I The name of the	NAME corporation shall b	e: SOM	Serv	ices	COR	P.	
ARTICLE II The principal pla	PRINCIPAL (ce of business/mai		136 A Kissi	NZIO mmee	ct.	347	758
ARTICLE III The purpose for	PURPOSE which the corpora	tion is organized	is: prof	计.			
ARTICLE IV The number of sl ARTICLE V The name(s), add		/00 icers/direc s):	CTORS (opti	onal)		SECRETARY OF STATE TALLAHASSEE, FLORIDA	02 APR 11 F4 2:51
<i>ARTICLE VI</i> The <u>name and F</u>	<i>REGISTER</i> lorida street addr		_	E115x		· ·	
ARTICLE VII The name and a	INCORPOR ddress of the Incom	ATOR porator is:	Ris Lisa Re 36 anzi nee, Fl. 3	ynosk od.		· + 13 &	

Signature/Registered Agent

Signature/Incorporator