TRANSMITTAL LETTER

P02000045435

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

02 APR 22 PM 2: 00

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

900005312759---4 -04/22/02--01046--001 *****78.75 *****78.75

Enclosed is an origina	al and one(1) copy of the articl	es 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 PY REQUIRED	
FROM:				
Name (Printed or typed) C/O Vector WELD				
New PORT RICHEY FIR 34653				
City, State & Zip				
	7737 8541	459.43		

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

Daytime Telephone number

Jan 5 9

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: Vectorweld Assessment	SECRETARY OF STATE TALLAHASSEE. FLORIDA 02 APR 22 PM 2: 00 1 NC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 71 43 STATE ROAD 54 # 207, Ne	W PORT RICHEY FL 34653
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide WeldING Trypedia Services	<u> </u>
ARTICLE IV SHARES The number of shares of stock is:	- - :
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: GARY S Michels 7143 STATE BOAD 54 # 207 NEW PORT RICHEY FLE 34653	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GARY 3 MICHUS 7143 STATE REMAN 64# ZET NEW PORT RICHEY FL 34653 ***********************************	•
Having been named as registered agent to accept service of process for the above stated corpor certificate, I am familiar with and accept the appointment as registered agent and agree to act it	ration at the place designated in this in this capacity

Date

Signature/Registered Agent

Signature/Incorporator