TRANSMITTAL LETTER

200007

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

3 \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status ADDITIONAL COPY REQUIRED

FROM: Willie H. Shepard			
Name (Printed or typed)			
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3664 S.E. 173. TERR,			П
Address		1	
	新岩型		
OCKLADAHA EL 30170	153	3	$\overline{\Box}$
OCKLAWAHA, FL. 32179 City, State & Zip		3	Ö
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Daytime Telephone number

-07/01/02--01070--026 *******87.50 ******87.50

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

TOZA 41662

ARTICLES OF INCORPORATION

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

NAME

The name of the corporation shall be:

NEW DIMENSIONS & ASSOCIATES INC.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

3664 S.E. 173 TERR. OCKLAWAHA, FL. 32179

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

ARTICLE IV

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

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

Willie H. Shepard

PRESIDENT

REGISTERED AGENT

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

Willie H. Shepard 3664 S.E. 173 TERR. OCKLAWAHA, FL. 32179 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Willie H. Shepard

3664 S.E. 173 TERR. OCKLAWAHA, FL. 32179 ************************************

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