TRANSMITTAL LETTER

Department of State Division of Corporations P.0. Box 6327

Tallahassee, FL 323	14	300	10072173534 -08/20/0201023008 *****78.75 *****78.75
SUBJECT:	Variable Information Systems, Inc. (Varins, Inc.) (PROPOSED CORPORATE NAME – MUST NCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and a c	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$70.00 Filing Fee & Certificate Copy	\$87.50 Filing Fee Certificate Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FRO		n Da Silva rinted or Type)	- The state of th
		ne Oaks Blvd. dress	
		mee, FI 34746 State & Zip	
		47- 0459 Telephone number	W02-24393

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

B9/10



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 28, 2002

JUAN DA SILVA 1860 THE OAKS BLVD. KISSIMMEE, FL 34746

SUBJECT: VARIABLE INFORMATION SYSTEMS, INC.(VARINS, INC)

Ref. Number: W02000024393

We have received your document for VARIABLE INFORMATION SYSTEMS, INC.(VARINS, INC) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

YOU CAN INCORPORATE UNDER ONLY ONE NAME. PLEASE CHOOSE THE NAME YOU INTEND TO INCORPORATE UNDER AND MAKE THE NECESSARY CORRECTIONS.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 102A00050150

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

OZ SEP 10 PH 2:55
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Variable Information Systems Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1860 The Oaks Blvd, Kissimmee, Fl. 34746

ARTICLE III PURPOSE

The purpose for which corporation is organized is:

Representation, re-sale, and import/export of systems used for the purpose of printing & encoding variable information

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 (one million)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Juan Da Silva 1860 The Oaks Blvd. Kissimmee, Florida 34746

ARTICLE VI REGISTERED AGENT

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

Juan Da Silva 1860 The Oaks Blvd. Kissimmee, Fl. 34746

ARTICLE VII INCORPORA TOR

The name and address of the Incorporator is:

Juan Da Silva 1860 The Oaks Blvd. Kissimmee, Fl. 34746

in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

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