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(Address)

(City/State/Zip/Phone #)

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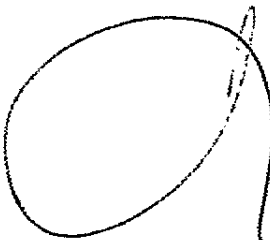
(Business Entity Name)

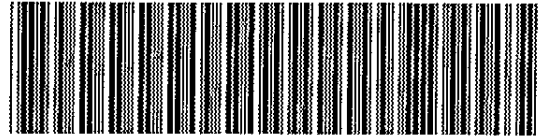
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LETTER OF TRANSMITTAL

Date 9-20-02

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

Re: SOARING VISIONS, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



(individual's name)
ERNEST C. SIMMONS

SOARING VISIONS, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION

1110 - 5TH ST.W.

PALMETTO, FL. 34221

PHONE

(800) 717-6024

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

SOARING VISIONS, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SOARING VISIONS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|------------------------------|---------|------------------|
| NAME | <u>SOARING VISIONS, INC.</u> | | |
| ADDRESS | <u>1110 - 5TH ST. W.</u> | | |
| CITY | <u>PALMETTO</u> | FLORIDA | ZIP <u>34221</u> |

The name and street address of the Initial Registered Agent of this Corporation is:

| | | | |
|---------|--|---------|-----|
| NAME | | | |
| ADDRESS | | | |
| CITY | | FLORIDA | ZIP |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | | |
|---------|--------------------------|----------------------|------------------|
| NAME | <u>ERNEST C. SIMMONS</u> | | |
| ADDRESS | <u>1110 - 5TH ST. W.</u> | | |
| CITY | <u>PALMETTO</u> | STATE <u>FLORIDA</u> | ZIP <u>34221</u> |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| | | STATE | ZIP |

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TALLAHASSEE FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|-------------------|-------|---------|
| NAME | ERNEST C. SIMMONS | | |
| ADDRESS | 1110 - 5TH ST. W. | | |
| CITY | PALMETTO | STATE | FLORIDA |
| | | ZIP | 34221 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| | | ZIP | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| | | ZIP | |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18 day of November, 19 2002.

[Signature of Ernest C. Simmons]

ERNEST C. SIMMONS

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)

COUNTY OF ANGELES MALABITE)

SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

ERNEST C. SIMMONS

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 18 day of November, 19 2002.

(Notary Seal)



Susan Snyder
MY COMMISSION # DD029875 EXPIRES
Jul 4, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

[Signature of Susan Snyder]
(Notary Public, State of Florida & Large)

My Commission expires: 6-4-05



Susan Snyder
MY COMMISSION # DD029875 EXPIRES
June 4, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

SOARING VISIONS, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1110 - 5TH ST. W.

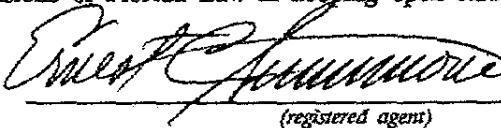
PALMETTO, FL. 34221

has named _____

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)

ERNEST C. SIMMONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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