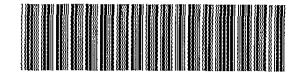
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TRANSMITTAL LETTER

FILED

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TALLAHASSEE FLORIDA

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

SUBJECT: AUDD DESIGN SERVICES Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u> `	JDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles 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: PAUL L. AUDD Name (Printed or typed)				
1296 WATERWAY COVE DRIVE Address WELLINGTON FL 334/4 City, State & Zip				
561-758-7969 Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

NAME

The name of the corporation shall be:

AUDD DESIGN SERVICES INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

1296 WATERWAY COVE DRIVE WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

<u>ARTICLE IV</u> 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:

PAUL L. AUDD

1296 WATERWAY COVE DRIVE

WELLINGTON. FL. 33414 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL L. AUDD

1296 WATERWAY COVE DRIVE WELLINGTON FL 33414

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

Signature/Registered Agent PAUL L. AUDD

01-06-03 Date

Signature/Incorporator

PAUL L. AUDD