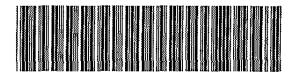
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VI

## TRANSMITTAL LETTER

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

SUBJECT: U.S. Orient LLC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 □ \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Kevin J. Murphy Name (Printed or typed)			
1516 Dature Ct. Address			
Winter Springs FL 32708			
407 · 359 · 74  Daytime Te	Levin Murphy GAVE AUTHORIZATION BY PHONE TO  CORRECT SOFFIX  DATE 4-15-03  DOC. EXAM		

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)	03 APR 11 PM 2:35
The name of the corporation shall be:  U.S. Ovient Inc.	SEURLIARY UF STATE TALLAHASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 1516 Noture Ct., Winter Springs, FL.	32708
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  SALES AND Sourcing	-
ARTICLE IV SHARES The number of shares of stock is: 1000 at 1.00 EA.	•
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:  Kevin J. Murphy	
1516. Nature Ct.	
Winter Springs FL 32708 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
15/6 Nature Ct.	
Winter Springs FL 32708	********
Having been named as registered agent to accept service of process for the above stated corp certificate, I gm familiar with and accept the appointment as registered agent and agree to act	
Kin AMwylny	4-8-03
Signature/Registered/Agent	Date
- Kein Muphy :-	4.8-03
Signature/incorporator/	Date