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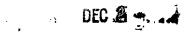


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SECRETARY OF STATE TALLAHASSEE, FLORIDA



## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Absolute Screen Solutions Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 □ \$78.75 \$\$78.75 \$87.50 Filing Fee Filing Fee Filing Fœ Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Alan

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

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ARTICLE I NAME
The name of the corporation shall be:
Absolute Screen Solutions, Inc. 1585 14th Street Orange City Fl. 327/2
1585 14th Street
Orange City, FL 32763  ARTICLE II UPRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE
The name of the corporation shall be: Absolute Screen Solutions, Inc. 1585 14th Street  Orange City, FL 32763  ARTICLE II UPRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be: 1585 14th Street
Orange City, FL 32763
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 Shares
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Alan Lapp
1585 14th Street

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Alan Lapp 1585 14th Street Orange City, FL 32763

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept It obligations of phy position as registered agent

Signature/Registered Agent

Date