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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TETU

TRANSMITTAL LETTER

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

SUBJECT: STRAT	TEM ASSOCIATES, INC. (PROPOSED CORPOR)	TE NAME – <u>MUST INCL</u>	UDF SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l 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 PPY REQUIRED
FROM:	JAMES J. MCNEIL	e (Printed or typed)	
	758 BACK NINE DRIVE	Address	
	VENICE, FLORIDA 34285	, State & Zip	
	734-652-8888	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)

ARTICLE I NAME

The name of the corporation shall be:

STRATEM ASSOCIATES, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 758 BACK NINE DRIVE

VENICE, FLORIDA 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING AND TRAINING

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JAMES J. MCNEIL 758 BACK NINE DRIVE VENICE, FLORIDA 34285

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES J. MCNEIL 758 BACK NINE DRIVE VENICE, FLORIDA 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES J. MCNEIL 758 BACK NINE DRIVE VENICE, FLORIDA 34285

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	Date
Sime S. Maleil	7-12-04
Signature(Incorporator	Date
James J. McNeil	