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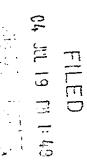
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#### LAW OFFICE

of

## John D. Ellis, Jr., P.A.

Attorney and Counselor-At-Law P. O. Box 1161 (Please Reply to PO Box) Orlando, FL 32801

Office: (407) 894-1441 • Fax: (407) 894-4147

July 7, 2004

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

Re: Articles of Incorporation for USE ELECTRONIC FINGERPRINTING, Inc.

Dear Sir/Madam:

Please find enclosed the original and one copy of the Articles of Incorporation for USE Electronic Fingerprinting, Inc. and the filing fee in the amount of Eighty-seven dollars and fifty cents (\$87.50).

Upon filing the enclosed Articles, please return the certified copy and certificate of status to this office at our mailing address:

P.O. Box 1161 Orlando, Florida 32802.

Thank you, in advance for your cooperation and assistance in this matter.

JDE/lkt

cc: Mr. Samuel Butler

## ARTICLE OF INCORPORATION FOR USE ELECTRONIC FINGERPRINTING, INC.

THE undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles:

#### ARTICLE I NAME

The name of the corporation shall be: USE ELECTRONIC FINGERPRINTING, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall bei

100 E. Pine Street, Suite 208 Orlando, Florida 32801

## ARTICLE III NUMBER OF SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand Shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John D. Ellis, Jr. 640 N. Hillside Avenue Orlando, Florida 32803

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporator is:

Samuel W. Butler 100 E. Pine Street Orlando, Florida 32801

Samuel W Butler

\_\_\_\_ Dated: 2 Duly, 2004

#### CERTIFICATE OF DESIGNATION OF REGISTER AGENT

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 statements relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: July 2004

JOHN DEVISTRESON 640 N. Hillside AVR ORLANDO, Florida 32802

## STATE OF FLORIDA ORANGE COUNTY

Sworn to or affirmed and signed before me on July 2004, by Samuel W. Butler.

NOTARY:

Larotyn Tomlinson
My Commission DD245962

Expires September 01 2007

Personally Known

Personally Known

Produced identification

Type of identification produced FL. Drivers License

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