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TRANSMITTAL LETTER

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

SUBJECT:	LEVEL SEVEN INC. (Proposed corporate name-must include suffix)			
	,,,		•	
Enclosed is an original and one(1) copy of the arrticles of incorporation and a check for:				
X \$ 70.00 Filing Fee	\$ 78.75 Filing Fee	\$ 78.75 Filing Fee	\$ 87.50 Filing Fee,	
riniy ree	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		ADDITIONAL COP	Status Y REQUIRED	
FROM CHARLES R CORBIN				
Name (Printed or typed)				
511 FARRINGTON WAY				
Address				
ORLANDO , FL 32824				
City,State & Zip				
407-438-4381				
Daytime Telephone number				

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ARTICLES OF INCORPORATON

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

ARTICLE 1

The name of the corporation shall be:

The Kadre Group. INC

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

511 FARRINGTON WAY ORLANDO, FL 32824

ARTICLE 111 SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND The name and Florida street address of the initial registered agent are: INITIAL REGISTERED AGENT AND STREET ADDRESS

CHARLES R CORBIN 511 FARRINGTON WAY ORLANDO, FL 32824

INCORPORATOR

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

CHARLES R CORBIN **511 FARRINGTON WAY** ORLANDO FL 32824

Signature/Incorporator

ARTICLE VI PRESIDENT'S NAME AND ADDRESS

CHARLES R CORBIN 511 FARRINGTON WAY ORLANDO, FL 32824

(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 corpora 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 accept the obligations of my position as registered agent.

Signature/Registered Agent

DATE

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