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03/14/05--01010--020 **78.75

NB3/18

TRANSMITTAL LETTER

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

SUBJECT: AOIRO	KAIYOU INC.		
	(PROPOSED CORPORA	FE NAME <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	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 PY REQUIRED
FROM: Da	vid Schwab	(Printed or typed)	
	4331 Saint Albans Dr.	Address	
	Jacksonville, FL 32257 City,	State & Zip	· <u>-</u>
	904-673-2202 Daytime T	elephone 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:

AOIRO KAIYOU INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4331 Saint Albans Dr. Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of Professional Services and Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Schwab 4331 Saint Albans Dr. Jacksonville, FL 32257 President

ARTICLE VI REGISTERED AGENT

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

David Schwab 4331 Saint Albans Dr. Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

David Schwab 4331 Saint Albans Dr. Jacksonville, FL 32257

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	

	03/08/05
Signature/Registered Agent	. Date
	03/08/05
Signature/Incorporator	Date