# P0500077649

(Rec	questor's Name)			
(Add	iress)	<del></del>		
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(City	//State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			
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Office Use Only

D. WHITE MAY 27 2005



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TALLAHASSEE. FLORIDA

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# TRANSMITTAL LETTER

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

SUBJECT: PHOT	OMEASUREMEN	IT SOLUTIONS I	NC	
	(PROPO	SED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		ou		1 - 1 - 1 C
Enclosed are an ori	ginal and one (1)	copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee		□ \$78.75 Filing Fee	□ \$87.50 Filing Fee,
-	& Certificate	e of Status	& Certified Copy	Certified Copy & Certificate of
			ADDITIONAL CO	Status DPY REQUIRED
				<del>-</del>
FROM: JA	AMES R FILAK CI	PA P C		
_		Name	(Printed or typed)	
	826 S LAPEER		Address	<del></del>
			Audicss	
	OXFORD	MI	48371 State & Zip	
		City,	State & Zip	
	248-236-8110	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)

# FILED

**ARTICLE I NAME**The name of the corporation shall be:

The name of the corporation shall be:

2005 MAY 27 P 3: 50

SEUNETARY OF STATE TALLAHASSEE, FLORIDA

PHOTOMEASUREMENT SOLUTIONS INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 439 VIA CINTIA PUNTA GORDA, FL 33950

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT BUSINESS CONSULTING SERVICES

#### ARTICLE IV SHARES

The number of shares of stock is: 50.000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VICTOR DIEGUES, PRESIDENT

439 VIA CINTIA

PATRICK RUFF, VICE PRES 9378 NORTH RIVER RD

ALGONAC MI 48001

JOHN S RICHTER, VICE PRES

9486 MAYNARD ALGONAC MI 48001

# ARTICLE VI REGISTERED AGENT

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

VICTOR DIEGUES 439 VIA CINTIA PUNTA GORDA FL 33950

PUNTA GORDA FL 33950

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR DIEGUES 439 VIA CONTIA PUNTA GORDA FL 33950

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

11 \_

Date

Signature/Incorporator