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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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From

Suganthi Uthaman 5704 HawkLake Road Lithia, FL-33547 Phone: 813-654-4349

To

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

Application for Profit Incorporation

Dear Sir /Madam:

Please find application for "Profit Articles of Incorporation". Herewith I am sending a check for \$78.75 (Filing Fee and Certificate of Status). If you need further clarifications, please do not hesitate to reach me at the above address/Phone.

Yours truly,

J. Ly Mu.

Suganthi Wthaman

07 | 26 | 2005

TRANSMITTAL LETTER

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

SUBJECT: Concep	otron Technologies Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les 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: SUGANTHI UTHAMAN				
Name (Printed or typed)				
	5704 HAWKLAKE RD			
Address				
	LITHIA, FL-33547	State & Zip		
	813-654-4349 Daytime Te	lephone 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:

Conceptron Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5704 HawkLake Rd, Lithia, FL-33547.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Software consulting and allied services

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):

Suganthi Uthaman - Director 5704 HawkLake Rd, Lithia, FL-33547

ARTICLE VI REGISTERED AGENT

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

Suganthi Uthaman 5704 HawkLake Rd, Lithia, FL-33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suganthi Uthaman 5704 HawkLake Rd, Lithia, FL-33547

Signature/Registered Agent	Date
N. Buy and Corporator	09 25 2005 Date