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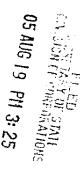
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## TRANSMITTAL LETTER

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

SUBJECT: VAP DESIGN SERVICES /NC				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDISUTIK)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	VINCENT A. F.	(		
	4831 NW  COCONUT (City			
	_	329 - 000 B Telephone 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 The name of the corporation shall be: VAP DESIGN SERVICES INC PRINCIPAL OFFICE The principal place of business/mailing address is: PO BOX 936337 MARGATE, FL 33093-6337 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ENGINEERING AND PROFESSIONAL SERVICES ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PRESIDENT VINCEDUT A. POVID, VR. 4831 NW 55 Th DEINE COCONUT CREEK, FL 33073 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: VINCENT A. POVID, JR. 4831 NW SSIL DRIVE COCONUT CREEK, Fr 33073 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: VINCENT A. POVIO, VR. 4831 NW 55 Th DRIVE COCONUT CREEK, FL 33073 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 8-16-05 Date Signature/Registered Agent

Signature/Incorporator

8-16-05 Date