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Cffice Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Document #) (Document #) Certified Copy Pick p time 2.06 Photocopy Certificate of Status **AMENDMENTS** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger

REGISTRATION/QUALIFICATION

Limited Partnership Reinstatement Trademark Other

Foreign

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

05 SEP 30 AH 7: 23

The undersigned incorporator(s), for the purpose of forming a corporation of STATE under the Florida Business Corporation Act, hereby adopt(s) the following SSEE. FLORIDA Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

NVPN MANAGEMENT IXC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporction shall be:

5370 W 4 AVE HPALEAH EL 33012

ARTICLE IIL -SHARES

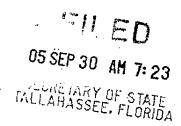
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICENTE A RAMPREZ 5370 W 4 AUE HPALOAH EL 33012



ARTICLE V - INCORPORATOR

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

Vicenie A RAMPREZ 5370 W HAVE HEALDAH EL 33012

The undersigned incorporator has executed these Articles of Incorporation this _______ day of ________ 2005

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Vicense A RAMIREZ Resident 5370 W 4 AVE HPALOAGI FL 33012

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature