(SAMPLE LETTER OF TRANSMITTAL)

P950000164355

Secretary of State
Division of Corporations
P. O. Box 6327
Talahassee, FL 32314

Talahassee, FL 32314	9000014 -02/27/95011
Rc: ONE SOURCE	SYSTEMS GROUP
**************************************	ame of corporation)
Gentlemen:	
Enclosed please find the original and one comount of \$122.50.	opy of Articles of Incorporation, together with my check in the
This represents the cost of the Filing Fee Registered Agent Designation for the about	es, Certified Copy of Articles of Incorporation and Fee for over named corporation.
	Very truly yours,
	Very truly yours,
	Patrick D. Paquette
	(individual's name)
	ONE SOURCE SYSTEMS GROUP, INC.
	(name of corporation)
	MAILING ADDRESS OF CORPORATION ———
	967 Miracle Way
	Rockledge, FL 32955
, 5	
12/02 23	
112/1/2	PHONE
\$\times_6'\t	(407) 632-3873
"T/1"	Area Code Number Ext

ARTICLES OF INCORPORATION

of

	ONE SOURCE SYSTEMS G (name of corporation)	ROUP, INC.	
The un	dersigned subscriber(s) to these Articles of Incorporation, natural personation under the laws of the State of Florida.	in(s) competent to contract,	hereby form a
The na	ARTICLE 1 - CORPORATE NAME	E E	1885
	ONE SOURCE SYSTEMS GROUP, I	NC.	FIL FEB 2
	ARTICLE II - DURATION	fii.	ED 7 EH
This co	orporation shall exist perpetually unless dissolved according to Florid	da law.	-
	ARTICLE III - PURPOSE	12 (1- 12-11	26
The cor United	rporation is organized for the purpose of engaging in any activities or States and the State of Florida.	business permitted under t	he laws of the
The cor	ARTICLE IV - CAPITAL STOCK reporation is authorized to issue Fifty Thousand shares (0,900) ofOne	
Dollar(s	s) (\$ 1.00) par value Common Stock, which shall	be designated "Common	Shares."
	ARTICLE V - INITIAL REGISTERED OFFICE .	AND AGENT	
The pri	ncipal office, if known, or the mailing adress of the corporation is:		
NAME	ONE SOURCE SYSTEMS GROUP, INC.		······································
ADDRESS	967 Miracle Way		
CITY	Rockledge FLORIDA	ZIP	32955
The nar	ne and street address of the Initial Registered Agent of this Corpo	oration is.	
NAME	Patrick D. Paquette		
ADDRESS			
CITY	Rockledge FLORIDA		32955
	ARTICLE VI - INITIAL BOARD OF DIRE		
increase	poration shall have One (1) directors initially. d or diminished from time to time by the By-Laws, but shall never es of the initial director(s) of the corporation are as follows:	The number of directors to be less than one (1). The	may be either e names and
NAME	Patrick D. Paquette		
ADDRESS	967 Miracle Way		
сту	Rockledge STATE Flo	rida ZIP	32955
NAME			
ADDRESS			
CTTY	STATE	ZiP	
NAME			
ADDRESS			
CITY			

ARTICLE VII - INCORPORATORS

	Patrick D. Paquette	e			
ADDRESS	967 Minagla Wass				
СТТҮ	Rockledge	STATE	Florida		329:
NAME		JIMIL		ZIP	
ADDRESS				· · · · · · · · · · · · · · · · · · ·	
спү		STATE		715	
AME		377.2		ZIP	
DDRESS					
тү		STATE		ZIP	
IN WITH	NESS WHEREOF, the undersign February 24, 19 95.	ed subscriber(s) have executed these A	Articles of Incorpo	ration this	· · · · · · · · · · · · · · · · · · ·
					(Scal)
					(Scal)
					(Seal)
CT 4 TO C	27.74				
SIAIEC	OF FLORIDA B · · · vard)			
COUNTY	OF)			
pefore me	e, a Notary Public authorized to t	ake acknowledgments in the State and	d County and four	all acces	
apperited:	\wedge	or grown in the blate and	a County set 10th	above, per	sonally
+	led for the		1		
1 4	Signature)	FLDL P230-6	m of Identification	2	
			or identification		
	Signature	Fo	ım of Identification		
	Signature	For	rm of Identification		
	ne and known to be the person(s) wh	o executed the foregoing Articles of Inco	orporation, who ack	nowledged	before
		ame, and that an oath (was)(was not) ta	ken.	cation of the	above
		Witness my hand and official sea	iken.		

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

		(name of con	poration)		27 Con 11
					110
Pursuant to	Florida Statutes Se	ections 48.091 z	and 607.0501. the	: following is su	bmittadi":
	corporation, desiring			_	
	L mercual modern stri	z io organize ui	ader the laws of t	he State of Flor	rida with
					rida with
its register	ed office as indicat	ed in the Arti			rida with
	ed office as indicat	ed in the Arti			rida with

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)