TRANSMITTAL LETTER
5000053803

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

| SUBJECT: FOTE(NAFIX INCONFORMITED) |
|--|
| (Proposed corporate name - must include suffix) (Proposed corporate name - must include suffix) |
| Enclosed is an original and one (1) copy of the articles of incorporation and a check |
| for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate & Certified Copy & Certified Copy & Certificate Additional Copy Required |
| FROM: Mudafl (FR.N. Gliss Signature of typed) |
| Name (printed or typed) 72-26 (Colonel) 2 Address Solve 206 City, State & Zip |
| City, State & Zip PA 28 |
| (yor) (7) - 870/ Daytime Telephone number |
| Conflut 183-12025,651,671 |

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

June 13, 1995

FOTEGRAFIX INCORPORATED 7226 W. COLONIAL DRIVE SUITE 206 ORLANDO, FL 32818

midalant of article.

Per 1/1/95 Secretary of State

Subject: FOTEGAFIX INCORPORATED

RE: 195A00028974

We have received your Fictitious Name Registration; however, the document has not been filed and is being returned for the following:

Corporations are not required to file a fictitious name under their exact corporate name. See the attached computer printout for verification of the corporate filing.

After the corrections have been made, return the application to: Fictitious Name Registration, P.O. Box 1300, Tallahassee, Florida 32302-1300 within 30 days.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

BARBARA SIPPIO Fictitious Name

Letter No. 195A00028974

995A - 28959

855, 524,671



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 10, 1995

MICHAEL CERNIGLIA 2226 W COLONIAL DRIVE SUITE 206 WINTER GARDEN, FL 32818

SUBJECT: FOTEGRAFIX INCORPORATED

Ref. Number: W95000012025

We have received your document for FOTEGRAFIX INCORPORATED and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

YOU DID NOT RETURN PAGE ONE OF YOUR ARTICLES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Letter Number: 095A00032994

Beth Register Corporate Specialist Supervisor



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

ARTICLE | NAME

The name of the corporation shall be:

GOTECOAFIX AND VINCOCUAJIX INCORPORATED

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7226 W. Colourd Da

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL CERNIGLIA

442 SANDLIME RD WINTER GARDEN FC

3475)

FILING FEE: \$70.00

See instructions for officers/directors

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

MIRHARL CINNICUA

7226 W. Colowal DA

S-17: 206

ORLAND FL 32818

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATULES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: Fot Confix and Vintebration |
|----|---|
| | Mcorpone 760 |
| 2. | The name and address of the registered agent and office is: |

(Name)

442 SANDLIME RD

(P.O. Box or Mail Drop Box NOI acceptable)

WINTER GARDEN FL 34787

(City/State/Zip)

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

(Signature)

(Dator

SECRETARY OF STATISTICAL AND ASSEE, FLORI