P96000028245

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

0.0000000177251534000 -06725746--01088--014 -444478.75 - 4444478.75

SUBJECT: VERIFICATION TECHNIQUES INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$131.25 \$122.50 Filing Fee, Certified Copy Filing Fee & Certified Copy & Certificate Additional Copy Required ROBERT DOWD, EQUIRE

Name (printed or typed) FROM: 1325 E. ALTAMONTE DRIVE #5 ALTAMONTE SPRINGS FL 32701
City, State & Zip (407) 767-6455

> 1 1996 E CHESSER APR

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

ARTICLES OF INCORPORATION

OF

VERIFICATION TECHNIQUES, INC.



ARTICLE I. CORPORATE NAME.

The name of this corporation is Verification Techniques, Inc.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this corporation are ,2343 Markingham Road, Maitland , Florida 32751.

ARTICLE III. CAPITAL STOCK.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent are ,H. Robert Dowd, 1325 East Altamonte Drive, Altamonte Springs, Florida, 32701.

ARTICLE V. INCORPORATORS.

The name and street address of the incorporator to these articles of incorporation is Thomas A. Zurick, 1343 Markingham Road, Maitland, Florida, 32751.

Thomas A. Zurick, Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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:	VERIFICATION TECHNIQUE.	S DAVE
2.	The name and address of the regi	stered agent and office is:	
	H. ROBERT DOWD		FILL D S6 HAR 25 PH 5: 30 SELALIANY OF STAIL TALLANASSEE, FLORIDA
	132 5 E	OX OF MAIL Drop Box NOT ACCEPTABLE)	5 PH 5: SSEE, FLI
	ALTAMO	CITY/STATE/ZIP)	SA ILLORIDA

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.

Topped Re Tom A. Zyrick MAR 21. 1996 (DATE)