TRANSMITTAL LETTER

Appropriate Authority of page 18

SUBJECT: The Corporation of a new Company

Proposed Corporate Name

Netel Ltd. Inc.

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

	-
FROM:	4D000195195
A. K. Govil	4000195195 -09/19/9601076004 *****70.00 ******70.0
Name (print or type)	75 9
6213 Nimes Ct.	96 OCT 23 SECRETAR ALL AHASS
Address	SST C Pusses
Lutz. FL 33549	96 OCT 23 PH 1:43 SECRETARY OF STATE TALL AHASSEE FLORIDA
City, State, Zip	STATE
516-289-6161	NO A
Area Code and Phone Number (Daytime)	
	Mr. Water 1990



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 20, 1996

A.K. GOVIL 6213 NIMES COURT LUTZ, FL 33549

SUBJECT: NETEL LTD., INC. Ref. Number: W96000019805

GROUP

We have received your document for NETEL LTD., INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 996A00043394

ARTICLES OF INC OF Name of Cor	poration)
The undersigned incorporators, for the purp Florida Business Corporation Act, hereby adopt	pose of forming a corporation under the the following Articles of Incorporation.
ARTICLE 1: NAME The name of the corporation shall be: Ne	
ARTICLE 2: PRINCIPAL PLACE OF BUSINES The principal place of business of this corporatio code): 6213 Nimes Ct., Lut3	, 10
ARTICLE 3: SHARES All stock issued by this Corporation shall be comnumber of shares of stock that this corporation is time is: One thou sand shares e	mon voting stock of a single class. The
ARTICLE 4: INITIAL REGISTERED AGENT A The name of the initial registered agent is	ARS DISCOURSE OF THE SECOND
whose registered office is located at the place of b	usiness stated in Article 2 above
ARTICLE 5: INCORPORATORS The names and street addresses of the incorporate are: A. K. Govil, 6213 Nimes Ct	
The undersigned incorporators have executed the pay of October	hese Articles of Incorporation this
Signature W Mills	Signature
Signature	Signature
	Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional	association is:	-1	8	
Notel Caronp	Inc.			-
2. The name and address of the registered agr		RETARY OF S	QCT 23 PH	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN
Full name 6213 Nimes Ct.		TATE ORIDA	- ե3	ruma Lum
Address (P.O. Box not acceptable)				
Lutz, FL 3350	-+ 9			
City, State, and Zip HAVING BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED CORPORT IN THIS CERTIFICATE, I HEREBY ACCEP AGENT AND AGREE TO ACT IN THIS CAP WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AN THE OBLIGATIONS OF MY POSITION AS R	ORATION AT THE PLACE THE APPOINTMENT ACITY. I FURTHER AGE RELATING TO THE PRODUCT AMERICAN FAMILIAR WITE EGISTERED AGENT.	CE DESIG AS REGI REE TO C OPER AN TH AND	GNATISTEICOMI	TED RED PLY OM-
D	10 / 16/9 L	<u> </u>		

Designation of Registered Agent Filing Fee — \$35.00