P9M0000296/2

TRANSMITTAL LETTER

600002128276--3 -03/31/37--01054--010 *****70.00 ******70.00

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

SUBJECT:

I enclose an original of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

From:

Network Business Solutions, Inc.

8623 Regency Park Blvd.

Port Richey, FL 34668

(813) 845-7572

FILED

97 MAR 31 AN 8: 24

SECRETARY OF STATE
FALLANASSEE, FLORIDA

4/0/97 D

ARTICLES OF INCORPORATION

OF

ADMIRAL PRINTING, INC.

ARTICLE I NAME

EFFECTIVE DATE

The name of the corporation shall be:

ADMIRAL PRINTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

8623 REGENCY PARK BLVD. PORT RICHEY, FLORIDA 34668

ARTICLE III CAPITAL STOCK

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LENORE H. SITTON 2020 TUMBLEWEED DRIVE HOLIDAY, FLORIDA 34690

ARTICLE V INCORPORATOR

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

Michael V. Addessi c/o Network Business Solutions, Inc. 8623 Regency Park Blvd. Port Richey, FL 34668

ARTICLE VI EFFECTIVE DATE

Pursuant to Section 607.0123 of the Florida Statues, the effective date of this document shall be APRIL 1ST 19 97

The undersigned has executed these Articles of Incorporation to be effective on the ______ day of _APRIL____ 19 _97 _.

Michael V. Addessi, Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

ADMIRAL PRINTING, INC.

The name and address of the registered agent and office is:

LENORE H. SITTON 2020 TUMBLEWEED DRIVE HOLIDAY, FLORIDA 34690

Signature:		SSEE, FL
Title:	Incorporator	8: 24 TATE ORIDI
Date:	3-27-97	

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: Anong Sitton

Date: 3/28/97