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

0000022206370--5 -06797-01164--005 -*****78.75 *****78.75

Spectrum Associates International, Inc. SUBJECT: (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 **Filing Fee** **378.75** Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fcc, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert G. Robbins

Name (Printed or typed)

1927 NE 6th 5t.

Address

Deerfield Beach,

FL

33441

City, State & Zip

954-425-0053

Daytime Telephone number

₽

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

916-10-97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Spectrum Associates International, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1927 NE 6th St.

Deerfield Beach, FL

33441

ARTICLE III SHARES

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 STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert 7. Robbins

1927 NE 6th 3t.

Deerfield Beach, Fl

33441

ARTICLE V INCORPORATOR

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

Robert G. Robbins

1927 NE 6th 3t.

Deerfield Beach,

33441

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FL

Signature/Incorporator

6-5-91

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

6-5-97

Date