

PA 7000054772

TRANSMITTAL LETTER

DATE: SEPT 25, 96

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

SUBJECT: NVS INC.

ATTN: LORIA POOLE
REF W960000-22993

ENCLOSED IS AN ORIGINAL AND A COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$ 122.50.

Marion Southard
FROM: MARION SOUTHARD
11612 NO NEBRASKA AVE STE C
TAMPA FL 33612

FILED
97 JUN 23 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-10/28/96--01033--008
****122.50 ****122.50
*122.50 ****122.50

296A-99855
10/29/96 10/28/96
01033 008
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6/23

ARTICLES OF INCORPORATION

OF

NVS INC

97 JUN 23 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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 I - NAME

THE NAME OF THE CORPORATION SHALL BE: NVS INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS
OF THIS CORPORATION SHALL BE:

11612 NO NEBRASKA AVE STE C
TAMPA FL 33612

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS:

100,000 SHARES OF COMMON STOCK, HAVING
A PAR VALUE OF \$ 1.00 PER SHARE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

MARION SOUTHARD
11612 NO NEBRASKA AVE STE C
TAMPA FL 33612

ARTICLE V - INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS ARE:

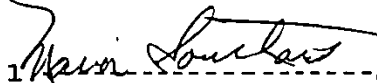
MARION SOUTHARD
11612 NO NEBRASKA AVE STE C
TAMPA FL 33612

ARTICLE VI - BOARD OF DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL BOARD OF DIRECTORS ARE:

1. MARION SOUTHARD
11612 NO NEBRASKA AVE STE C
TAMPA FL 33612
- 2.

THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE) EXECUTED
THE ARTICLES OF INCORPORATION THIS SEPT 25, 97


1. -----SIGNATURE

2.-----SIGNATURE

3.-----SIGNATURE

REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE-STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND
I FURTHER AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES.


MARION SOUTHARD
REGISTERED AGENT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA