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TRANSMITTAL LETTER

FILED
98 APR 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SUBJECT: INSPECTION PROTECTION, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount of \$131.25 for the Filing Fee, Certified Copy, and Certificate.

FROM: Gene LaSarge
298 N.W 41st Way
Deerfield Beach, Fl. 33442
(954)360-7646

F. CHESSEN APR 27 1998

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
INSPECTION PROTECTION, INC.

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: Inspection Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
298 N.W. 41st Way
Deerfield Beach, Florida 33442

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) with a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Gene LaSarge
298 N.W. 41st Way
Deerfield Beach, Florida 33442

ARTICLE V INCORPORATOR

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

Gene LaSarge
298 N.W. 41st Way
Deerfield Beach, Florida 33442

ARTICLE VI DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

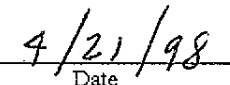
ARTICLE VII PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

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Signature of Incorporator

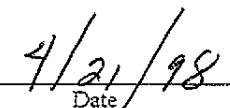


Date

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 of Registered Agent



Date