

TRANSMITTAL LETTER

P98000051840

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

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-06/08/98--01097--010
*****78.75 *****78.75

SUBJECT: APLUS SPECIALTY SERVICES INC.
(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

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: William F Lock
Name (Printed or typed)

5160 CONROY RD #1412
Address

Orlando FL 32811
City, State & Zip

407-481-0069
Daytime Telephone number

98 JUN -8 AM 11:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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6/10/98
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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:

Aplus Specialty Services INC.

ARTICLE II PRINCIPLE OFFICE

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

5160 Conroy Rd. #1412
Orlando, FL. 32811

ARTICLE III SHARES

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

100 Shares with no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William F. Lock
5160 Conroy Rd. #1412
Orlando, FL. 32811

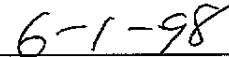
ARTICLE V INCORPORATOR

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

Marlene D. Pastor
270 SE Mizner Blvd #701
Boca Raton, FL. 33432



Signature/Incorporator



Date

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

Having been named as registered agent to and 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 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



Date

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TALLAHASSEE, FLORIDA