TRANSMITTAL LETTER 4800057463

DIVISION OF CORPORATIONS

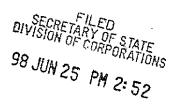
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: VISUAL PA	orporate name - must include suffix)
Enclosed is an original and one(1) copy of the article	es of incorporation and a check for :
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED
FROM: AARON DE Name (Pr	inted or typed)
4132 BROG	DEMY PA DRIVE
<u> </u>	FORIDA 3783) State & Zip
407.812.S Daytime Te	CUS Ext 3 elephone number (

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



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:
Visual Planet, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
4132 BROOKMYPA DRIVE, OPLANDO, FR 3283
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
200 DEY - A1132 BROCKMYRA DRIVE, OPLANDO, EL. 32837
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
4132 BRODYMYRD TRIVE
4132 BROOKMYRA TRIVE OPLANDO, FL 32837
6.22.98
Signature/Incorporator 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

Date