## PASSON TRANSMITTAL LETTER PASSON TRANSMITTAL LETTER 1998

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

SUBJECT:	/ IPPETS /	prate name - must include su	ffix)	<u> </u>
Enclosed is an original a	and one(1) copy of the article	4:	00002614 -08/13/98 ****122.50	6643 01035009 ****122.50
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	DIVISION OF CO
FROM:	1415A Pulle	E rinted or typed)		FILED STATE CORPORATIONS 13 AMIO: 38
	904 85	State & Zip  O 297 13  elephone number	TALLAHA SIFE FLORIDA	RECEIVED 98 AUG 13 AM IG 33

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.

Districts Of Polation fier coy and pis the jour waig in ticles of Inchipolation.	0
ARTICLE I NAME The name of the corporation shall be:	SECRETIVISION 0
ARTICLE II PRINCIPAL OFFICE	ARY OF S
The principal place of business and mailing address of this corporation shall be:  2698 N. Mource St / 1415A Pullen Ro  TAHAHASSEE, FL 32303 / TAHAHASSEE, FL 32303	RATIONS ROTONS
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time 1000	ne is:

ARTICLE IV	INITIAL R	EGISTERED	AGENT A	ND STR	EET ADDRESS
The name and Flori					

Lori F. Kline 1415 A Pullen Ro Tallahassee, FL 30303

## ARTICLE V INCORPORATOR

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

LORI KlINE
1415 A PullEN RO
TAllahassee, FL 32303

Roki T. M.

Signature/Incorporator

= Clup 13-98

(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