TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: M.P.S. Ventures, In

(Proposed corporate name - must include suffix)

000002652390--2 -09/30/98--01048--013 ******78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

X \$78.75

Filing Fee

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Access Incorporation Services, Inc.

Name (Printed or typed)

21550 Oxnard Street, Suite 300

Address

Woodland Hills, CA 91367

City, State & Zip

(818) 702-0340

Daytime Telephone number

DIVISION BEP 30 AM 9: 34

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:

M.P.S. Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE.

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

18811 Geraci Road

Lutz, FL 33549

ARTICLE III SHARES

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

2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

A.L. Harris

943 Soledad Way, Lady Lake, FL 32159

ARTICLE V INCORPORATOR

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

Alex Patel, Access Incorporation Services, Inc.

21550 Oxnard Street, Suite 300

Woodland Hills, CA 91367

Signature/Incorporator

September 15, 1998

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

/ X0 / 9 8 Date