TRANSMITTAL LETTER

Advanced Graphics Source, Inc.

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

700002746237—6 -01/19/99--01097--003 *****70.00 *****70.00

FROM: Deb	Fee rtificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
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549	W. 13th Stree	etAddress	SECKE 1. TALLAHA	00 141
Apc	pka, FL 32703	· · · · · · · · · · · · · · · · · · ·	SSEE 19	;
	Cit	y, State & Zip	NY OF SEE, FLO	ED
(40	07) 889-4874			
	Daytime	Telephone number		
RIZATION BY PHONE TO)	- · · · · · · · · · · · · · · · · · · ·		•
RIZATION BY PHONE TO CT <u>effective date</u> 1/22/99	1-12.99		- 	

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:

Advanced Graphics Source, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4565 NE 36th Ave. Ocala, FL 34480

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Debra K. Bowers 549 W. 13th Street, Apopka, FL 32703

ARTICLE V INCORPORATOR

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

Debra K. Bowers 549 W. 13th Street Apopka, FL 32703

ARTICLE VI EFFECTIVE DATE

January 12, 1999

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