TRANSMITTAL LETTER

P9900027559

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

800002813228---2 -03/22/99--01086--004 *****87.50 *****87.50

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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	DCNNH Name (F	CTBSON Printed or typed)	99 MAR 2 SECRETAR TALLAHAS	

F. CHEESSER MAR 2 5 1999

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

748-5604.
Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Asticles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:
ASPECTS OF ELLMMINATIONS II INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
7420 N.W 41st COURF, LANGERHILL, FL. 33319.
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
150
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
THE name and address of the incorporator to these Articles of Incorporation are: NAME OF THE PROPERTY OF THE
The name and address of the incorporator to these Articles of Incorporation are:
> 0 VINU / CI ((50 V)
7420 N.W 41st CAUST
1420 N.W 41st COUNT BA &
F3050n 02-26-99.
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