

V P99000052966 Nu Technologies, Inc.

2808 Eagle Lake Dr.
Orlando, FL 32837-6905

PO Box 772132
Orlando, FL 32877-2132

(407) 816-0856
(407) 816-0846 Fax

June 8, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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-06/09/99--01083--013
*****87.50 *****87.50

Subject: Nu Technologies, Inc.

Dear Sir or Madam;

Enclosed is an original and two(2) copies of the articles of incorporation and a check for \$87.50 to cover filing fee, certified copy and a certificate of status for the formation of the above named corporation.

Sincerely,



Eric Schildwachter
President

2808 Eagle Lake Dr.
Orlando, FL 32837
(407)816-0856

FILED
99 JUN -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nu Technologies, Inc.
2808 Eagle Lake Dr.
Orlando, FL 32837-6905

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aj 6/11

Articles of Incorporation

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

Article I. Name

The name of the corporation shall be : Nu Technologies, Incorporated.

Article II. Principle Office

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

2808 Eagle Lake Dr.
Orlando, FL 32837-6905

Article III. Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000.

Article IV. Initial Registered Agent and Street Address

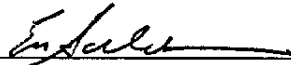
The name and Florida address of the initial registered agent are:

Eric Schildwachter
2808 Eagle Lake Dr.
Orlando, Florida 32837-6905

Article V. Incorporator

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

Eric Schildwachter
2808 Eagle Lake Dr.
Orlando, Florida 32837-6905



Signature of Incorporator

6/8/99

Date

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 of Registered Agent

6/8/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA