TRANSMITTAL LETTER 2108

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

SUBJECT: MODUL, Inc.

(Proposed corporate name - must include suffix)

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

□ \$70.00 Filing Fee	Status \$78.75 Filing Fee & Certificate of Status	ST8.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED 	
FROM:	Vladimir Shibalov Name (Printed or typed)		<u></u>	
	PO BOX 110386 Address			
	Palm Bay FLORIDA 32907		-07/12/ *****i	328855 '9901103008 '8.75 *****78.75
	City, State & Zip			
	(407) 953-6853 Daytime Telephone number			·

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.

NAME ARTICLE I

The name of the corporation shall be:

MODUL, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: PO BOX 110386 Palm Bay FL 32911

SHARES ARTICLE III

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

200

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

1079 Glendale Ave. Palm Bay FL 32907

ARTICLE V INCORPORATOR

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

MODULE Ltd. 157 Lenin Blvd. 673000 Stavropol Russia

Signature/Incorporator

07.09.99

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

Autonomor BORIS

01-09-99 Date

Signature/Registered Agent