TRANSMITTAL LETTER

7000099396

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



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

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 Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:



ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 223041 West Palm Beach, FL 33422-3041

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Pugh 853 Blue Ridge Circle West Palm Beach, FL 33422-3041

ARTICLE V INCORPORATOR

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

Michael Pugh 853 Blue Ridge Circle West Palm Beach, FL 33422-3041

Signature/Incorporator

(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

11/5/99

11/5/99

Signature/Registered Agent

TRANSMITTAL LETTER 7000099396 Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Vetwork The MSP (Proposed corporate name - must include suffix) E C E C E 40000304288 11/12/99--01089 -007 ****78.75 *****78.75 a Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 **\$87.50** \$78.75 \$70.00 Filing Fee Filing Fee, **Filing Fee** Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED MSK⇒ NOV 12 PM 1: The FROM: Name (Printed or typed) FILED P.O. Box 223041 Address Palm Beach, Florida West 33422-3041 City, State & Zip (561) 689-0188 Daytime Telephone number

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Signature/Registered Agent