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ADAPTIVE SOLUTIONS, INC.

04/16/92

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

4

CONTROL NUMBER: 9208292
EFFECTIVE DATE: 04/16/1992
COUNTY : COBB
REFERENCE : 0044
PRINT DATE : 05/07/1992
FORM NUMBER : 311

JAMES A. KINNARD
3730 CREEKVIEW DRIVE
MARIETTA GA 30068

CERTIFICATE OF INCORPORATION

I, **MAX CLELAND**, Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

ADAPTIVE SOLUTIONS, INC.

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Max Cleland

MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey

VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

SECURITIES
656-2894

CEMETERIES
666-3079

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta

92 020 161 0000

92 020 161 0000

**ARTICLES OF INCORPORATION
OF
ADAPTIVE SOLUTIONS, INC.**

I.

The name of the corporation is Adaptive Solutions, Inc.

II.

The number of shares the corporation is authorized to issue is 500,000.

III.

The street address of the initial registered office of the corporation is 3730 Creekview Drive, Marietta, Georgia, 30068, and the initial registered agent of the corporation at such address is James A. Kinnard.

IV.

The name and address of each incorporator is:

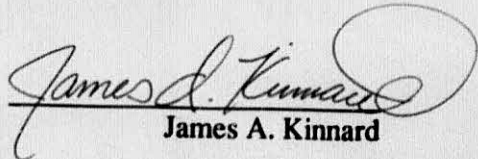
James A. Kinnard
3730 Creekview Drive
Marietta, Georgia 30068

V.

The mailing address of the initial principal office of the corporation is 4665 Lower Roswell Road, Suite 190, Marietta, Georgia, 30068.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.

This 11th day of April, 1992.


James A. Kinnard

APR 16 8 04 AM '92

SECRETARY OF STATE

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

RESERVATION NUMBER: 920830087
EFFECTIVE DATE : 03/23/1992
EXPIRATION DATE : 06/21/1992
LICENSE NO. : N/A
CONSENT ON FILE : N/A
PRINT DATE : 03/23/1992
FORM NUMBER : 506

JAMES KINNARD
3730 CRREKVIEW DRIVE
MARIETTA GA 30068

NAME RESERVATION CERTIFICATE

I, **MAX CLELAND**, Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that the records of the Secretary of State have been reviewed and the name

ADAPTIVE SOLUTIONS, INC.

is not identical to, and appears to be distinguishable from, the name of any other existing corporation, limited partnership or professional association on file pursuant to Title 14 of the Official Code of Georgia Annotated.

This certificate shall be valid for a nonrenewable period of ninety days from the date of this certificate for profit and nonprofit corporations, professional associations or limited partnerships. Please submit this original certificate with any subsequent formation filing for a corporation, limited partnership or professional association.

Name reservations are not renewable after expiration of the statutory reservation period stated above.



Max Cleland
MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey
VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

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656-2817

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404-656-2222
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92 020 161 0001

92 020

162 0002



MAX CLELAND
Secretary of State
State of Georgia

BUSINESS SERVICES AND REGULATION

Suite 315, West Tower
2 Martin Luther King Jr., Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

TRANSMITTAL INFORMATION FOR GEORGIA
PROFIT OR NONPROFIT CORPORATIONS

J. F. GULLION
Director

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET # <u>920220184</u>	PENDING CONTROL # <u>P008239</u>	CONTROL # <u>9208392</u>
Docket Code <u>311</u>	Corporation Type <u>CP</u>	
Date Filed <u>4/16/92</u>	Amount Received \$ <u>100</u>	Check/Receipt # <u>0170</u>
Jurisdiction (County) Code <u>1133</u>		
Examiner <u>1144</u>		Date Completed <u>5/7/92</u>

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.
INSTRUCTIONS ARE ON THE BACK OF THIS FORM.

1. <u>920830087</u> Corporate Name Reservation Number <u>Adaptive Solutions, Inc.</u> Corporate Name (exactly as appears on name reservation)	
2. <u>James A. Kinnard</u> Applicant/Attorney <u>3730 Creekview Drive</u> Address <u>Marietta</u> City <u>Georgia</u> State	<u>404/565-8595</u> Telephone Number <u>30068</u> Zip Code

3. NOTICE: THIS FORM DOES NOT REPLACE THE ARTICLES OF INCORPORATION. MAIL OR DELIVER DOCUMENTS AND THE SECRETARY OF STATE FILING FEE TO THE ABOVE ADDRESS. DOCUMENTS SHOULD BE SUBMITTED IN THE FOLLOWING ORDER. (A COVER LETTER IS NOT REQUIRED.)

1. FORM 227 - TRANSMITTAL FORM (ATTACH SECRETARY OF STATE FILING FEE OF \$60.00 TO THIS FORM)
2. ORIGINAL ARTICLES OF INCORPORATION
3. ONE COPY OF ARTICLES OF INCORPORATION

I understand that the information on this form will be entered in the Secretary of State business registration database. I certify that a Notice of Intent to Incorporate and a publishing fee of \$40.00 has been mailed or delivered to the authorized newspaper as required by law.

James A. Kinnard
Authorized Signature

4.11.92
Date