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TRANSMITTAL LETTER

FILED

00 JUN 19 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400003295674-16
*****78.00 *****85.00

SUBJECT: ALGOL NOIR, 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

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: DOUGLAS A. McLEAN
Name (printed or typed)

300 N. CIRCLE
Address

SEBRING, FLA. 33870
City, State & Zip

(863) 385-8850
Daytime Telephone number

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

Per 6/24/00

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALGOL NOIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

300 N. CIRCLE
SEBRING, FLA. 33870

ARTICLE III SHARES

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

200000 SHARES AT \$1 PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOUGLAS A. McLEAN
300 N. CIRCLE
SEBRING, FLA. 33870

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

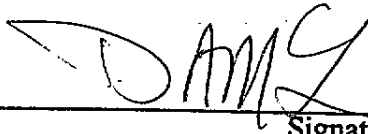
DOUGLAS A. McLEAN

300 N. CIRCLE

SEBRING, FLA. 33870

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16TH day of JUNE, ~~2000~~ 2000.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALGOL NOIR, INC.

2. The name and address of the registered agent and office is:

DOUGLAS A. McLEAN
(NAME)

300 N. CIRCLE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SEBRING, FLA. 33870
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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)

JUNE 16, 2000
(DATE)