

TRANSMITTAL LETTER  
Pg 1000010351

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

900003583019--0  
-01/26/01--01167--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Chaotic Notation 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 of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Fabianna Nieto  
Name (Printed or typed)

PO Box 16427  
Address

Tampa, FL 33687  
City, State & Zip

813-984-9751  
Daytime Telephone number

FILED  
01 JAN 26 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10-29-01  
26

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *Chaotic Notation Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*PO Box 16427  
Tampa, FL 33687*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: *200 (two hundred)*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Fabianna Nieto  
9815 N. 50th Street  
Tampa, FL 33617*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Fabianna Nieto  
PO Box 16427  
Tampa, FL 33687*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*F. Nieto*  
\_\_\_\_\_  
Signature/Registered Agent

*01/22/01*  
\_\_\_\_\_  
Date

*F. Nieto*  
\_\_\_\_\_  
Signature/Incorporator

*01/22/01*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE