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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

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SECRETARY OF STATE
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FLORIDA PROFIT CORPORATION OR P.A.

Chelron Sales and Services, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
Chelron Sales and Service, Inc.

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 is **Chelron Sales and Service, Inc.**

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ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **2007 8th Terrace, S.E., Winter Haven, FL 33880.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a one- dollar (1.00) par value.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Carl Wasileski, 507 Palm Ave., Titusville, FL.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: INITIAL OFFICERS

The name and address of the initial Director of the corporation is **Ron Dickson, 2007 8th Terrace, S.E. Winter Haven, FL 333880. P/S/T/D**

The undersigned has executed these Articles of Incorporation this 29th day of November 2001.

"Capital Connection, Inc. by, Leilani White , Client Representative"

Leilani white

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Chelron Sales and Service, Inc.

2. The name and street address of the registered agent and office is: Carl Wasilecki
507 Palm Ave.
Titusville, FL

HAVE 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.

Carl Wasilecki

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