

TRANSMITTAL LETTER

P970000 63925

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

SUBJECT: VOLCOM TECHNOLOGIES, INC.
(Proposed corporate name - must include suffix)

400002243874--7
-07/22/97--01071--006
*****70.00 *****70.00

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: AUDREY VOLMUTH
Name (Printed or typed)

815 - ROLLING HILLS DR
Address

PALM HARBOR FL 34683
City, State & Zip

813-984-6064
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 22 AM 9:47

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

7-24-97
WB

Articles of Incorporation

Article I - Name of Corporation

The name of the corporation shall be:
Volcom Technologies, Inc

Article II - Principle Office

The principle place of business and mailing address of this corporation shall be:
Volcom Technologies, Inc
2444 Enterprise Road
Suite 2308
Clearwater, FL 34623
Phone: (813)-669-9681

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at one time is 100 shares.

Article IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:
Audrey Volmuth
815 Rolling Hills Drive
Palm Harbor, FL 34683

Article V - Incorporator

The name and address of the incorporator to these Article of Incorporation are:
Audrey Volmuth
815 Rolling Hills Drive
Palm Harbor, FL 34683

Audrey Volmuth
Signature Incorporator

7/15/97
Date

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

Audrey Volmuth
Signature Registered Agent

7/15/97
Date

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FLORIDA STATE