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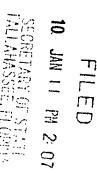
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COVER LETTER

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	(I KOI OSED COKI OKA)	E NAME - WOOT INCE	CDE SCITIA,	
Enclosed are an or	riginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	• '	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: _	ROBERT H	RAUBER II (Printed or typed)		
3034 SHIPWATCH DR. Address				
_	Hol IDAY, FL, 34691 City, State & Zip 727-744-2776 Daytime Telephone number			
_				
_		INCORPORATI		

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

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: CHIPS TNORPORATED <u>ARTICLE II</u> PRINCIPAL OFFICE The principal street address and mailing address, if different is: 3034 SHIPWATCH DR. HOLIDAY, FZ 34691 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 1,000 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): 3034 SHIPWATCH IR. ROBERT H RAUBER III HOLIDAY, FL 34691 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 3034 SHIPWATCH DR. ROBERT H RAUBER III HOLIDAY, FL 34691 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 3034 SHIPWATCH DR. ROBERT H RAUBER III HOLIDAY, FL 34891 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-

place designated in this certificate, I am familiar with and accept the appointment as registered agraere to act in this capacity

| 1/06/10 |
Signature/Registered Agent	Date
Signature/Incorporator	Date
Date	Date
Date	