TRANSMITTAL LETTER

## 000001237

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

SUBJECT:	N' FUSION	INC.		,
Enclosed is an origin	Proposed corp  all and one (1) copy of the article	orace name - must include suf	-12/23/33- ******87.5	28168 -01048008 0 *****87.50
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	5952 SEAB	J. O'WEIL inted or typed)  IRD DR., S. ddress  FL 3370  State & Zip	TALLAHASSEE, FLORIDA	FILED 99 DEC 29 PM 1: 19
		42 <u>-</u> 9/69 lephone number		e e e e e e e e e e e e e e e e e e e

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of farming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE	7	NAME

The name of the corporation shall be:

Nº FUSION, INC.

## ARTICLE II PRINCIPAL OFFICE

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

5952 SEABIRD DR., S. GULFPORT, FL 33707 USA

SHARES

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

1.000

## INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DR. STEPHEN J. O'NEIL 5952 SEABIRD DR., S. GULFPORT, FL 33707

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DR. STEPHEN J. O'NEIL 5952 SEABIRD DR. S.

GULFPORT, FL 33707

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

(An additional article must be added if an effective date is requested.)

Signature/Registered Agent

Date Date