

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: Losier Industries, Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origin \$70.00 Filing Fee	nal and one(1) copy of the articles ***278.75 Filing Fee & Certificate	S of incorporation and a comparison and	check for: \$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Thomas Losier Name (Pr	ADDITIONAL CO	PY REQUIRED	
	3133 Lake Valencia L	ane E Address		
	Palm Harbor, Florida 34684 City, State & Zip			i se
	(727) - 787 - 0114 Daytime Te	elephone number	·	

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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	A
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The name of the corporation shall be:

Losier Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3133 Lake Valencia Lane E Palm Harbor, Fl 34684

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Thomas Losier
3133 Lake Valencia Lane E
Palm Harbor,,Fl 34684

ARTICLE V INCORPORATOR

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

Thomas Losier 3133 Lake Valencia Lane E Palm harbor, Fl 34684

Signature/Incorporator

1/3/00 Date

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

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.

Signature/Registered Agent

Date