

PO00000024264  
TRANSMITTAL LETTER

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

SUBJECT: CorMatt Industries Inc. (cmii)  
(Proposed corporate name - must include suffix)

800003155238--5  
-03/02/00--01101--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DONNA A. OWENS  
Name (Printed or typed)

116 N. PRESSVIEW AVE.  
Address

Longwood, FL 32750  
City, State & Zip

407-332-0082  
Daytime Telephone number

FILED  
MAR -2 AM 10:07  
TALLAHASSEE, FLORIDA

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

CC.

# 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:

CorMatt Industries Inc. (CMII)

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

116 N. PRESSVIEW AVE  
LONGWOOD, FL 32750

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING, SALES

## ARTICLE IV SHARES

The number of shares of stock is:

100,000 at 1 mil each

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

DONNA A. OWENS  
116 N. PRESSVIEW AVE  
LONGWOOD, FL 32750

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

DONNA A. OWENS  
116 N. PRESSVIEW AVE  
LONGWOOD, FL 32750

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

DONNA A. OWENS  
116 N. PRESSVIEW AVE  
LONGWOOD FL 32750

\*\*\*\*\*  
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

Signature/Incorporator

Date

Date

FILED  
00 MAR -2 AM 10:07  
STATE  
TALLAHASSEE, FLORIDA