

TRANSMITTAL LETTER

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

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-04/06/00--01063--007
*****78.75 *****78.75

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR -6 PM 1:05

FILED

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: MICHAEL D'ARGENIO
Name (Printed or typed)

2406 QUIET WATERS LOOP
Address

OCOE, FL 34761
City, State & Zip

407-654-7210
Daytime Telephone number

Michael GAVE

AUTHORIZATION BY PHONE TO

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

DATE 4-10-00

JOC. EXAM 7c

APR 14 2000

APR 14 2000

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:

CHRISTAE UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2406 QUIET WATERS LOOP
OCFEE, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCT RETAIL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

MICHAEL D'ARGENIO
2406 QUIET WATERS LOOP
OCFEE, FL 34761

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

MICHAEL D'ARGENIO
2406 QUIET WATERS LOOP
OCFEE, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

MICHAEL D'ARGENIO
2406 QUIET WATERS LOOP
OCFEE, FL 34761

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

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR -6 PM 1:05

FILED