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TRANSMITTAL LETTER

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

600003242786--0
-05/08/00-01105-008
*****70.00 *****70.00

SUBJECT: COSMOSOFT TECHNOLOGIES INC.
(Proposed corporate name - must include suffix)

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 GAROUFALIDIS
Name (Printed or typed)

40347 U.S. HWY 19 N, SUITE 126
Address

TARPON SPRINGS FL 34689
City, State & Zip

727-938-1243
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -8 PM 12:31

FILED

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

T. Burch MAY 10 2000

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

The name of the corporation shall be:

COSMOSOFT TECHNOLOGIES INC

ARTICLE II PRINCIPAL OFFICE

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

40347 U.S. HWY 19 N., SUITE 126
TARPOON SPRINGS FL 34689

ARTICLE III SHARES

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

ONE MILLION (1,000,000.)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL GAROUFALIDIS
40347 U.S. HWY 19 N., SUITE 126
TARPOON SPRINGS FL 34689

ARTICLE V INCORPORATOR

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

MICHAEL GAROUFALIDIS
40347 U.S. HWY 19 N., SUITE 126
TARPOON SPRINGS FL 34689

Michael Garoufalidis
Signature/Incorporator

05/04/00
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.

Michael Garoufalidis
Signature/Registered Agent

05/04/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -8 PM 12:31

FILED