POOOOOOOH948

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

SUBJECT:	SUSNA PROJUCTS	. lac					
SUBJECT: Sosna Products Name - MUST INCLUDE SUFFIX							
Enclosed is an original	al and one(1) copy of the article	Es of incorporation and a	300003253 -05/15/00 ******87.50 a check for:	3 25 : 01159- ****	33 002 *87.50		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
FROM:			SECRETARY OF S	FILED 2000 MAY 15 PM			
	ORIANDO FC City, S 407-568	3 2833 tate & Zip 5-2857 ephone number		OF STATE	D PM 12: 52		

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

OR 5/19

ARTICLES OF INCORPORATION In comp! ance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be: SOSNA PRODUCTS INC.		·
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 20058 RMSTON ST., ORIANDO, T.C.	32877	<u>.</u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is: SALCE OF WOOD Products, Imports,	-	2000 I SECR TALLA
ARTICLE IV SHARES The number of shares of stock is: / 000		MAY 15 PM RETARY OF S AHASSEE, FL
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):		PM 12: 52 PF STATE FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:		
Jimmy D. Noplis 2005& RALSTON ST ORIANDO FC 32833		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Jinny O Noplis 20058 Ralston St Orlando 17 32833 **********************************	·********	
Having been named as registered agent to accept service of process for the above stated corpe certificate, I am familiar with and accept the appointment as registered agent and agree to act	ration at the place design	nated in this
Signature/Registered Agent	Date / 200	<u>r</u>
Signature/Incorporator	10 Mpy 2000 Date	<u>></u>