P0000060581

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 **700003295637**----06/19/00--01107--010 Tallahassee, FL 32314 *****78.75 *****78.75 (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 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate Additional Copy Required FROM: 813-960-1337

T. SMITH JUN 2 0 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cy Fusion, Inc.

one word

ARTICLE II PRINCIPAL OFFICE

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

JO14 GUNN HWY TAMPA FL 33624

ARTICLE III SHARES

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

1,000,000 slaces at . 104 PAR labor

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FABSIL GABREMARIAM 5014 Gunn Hwy TAMAFL 33624

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FASSIL GABREMARIAM
5014 GOIN HWY
TAMPA FL 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of June 182000

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: 4 Fusion / Ne	·	response
2. The name and address of the registered agent and office is:	-	. <u>.</u>
FASSIL GABREMARIAM		·=··
(Name) 5014 GUNN HWY (P.O. Box or Mail Drop Box NOT acceptable)	OO SEC	1 1
TAMPA FL 33624 (City/State/Zip)	JUN +9 RETARY CAHASSEE	
(City/State/Zip)	FE FLORE	min ne i
Having been named as registered agent and to accept service of proceed above stated corporation at the place designated in this certificate, I have the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relating to the proper and formance of my duties, and I am familiar with and accept the obligations tion as registered agent.	A Fire Parkers for the ereby accept I further agree complete person or my posi-	