POCOCOOOT3815 TRANSMITTAL LETTER

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

SUBJECT: CH	LOE IN	I C ame - must include si	uffix)		· '
···			50000 : -07/	334077 /31/000111 **78.75 **	762 16022 ***78.75
Enclosed is an original	and one (1) co	py of the articles	of incorporation	and a check	
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Co	\$131.25 Filling Fee, Certified Copy & Certificate		·
FROM:	VIC Name 12608		VIEW	TALLAH)	
	STUA	Address RT FL ty, State & Zip	34994	3	Transfer Control of the Control of t
	561 Daytime	- 335- 2 Telephone number	084	: 53	

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

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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:

CHLOE INC

ARTICLE II PRINCIPAL OFFICE

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

12608 COVE VIEW, STUART

ARTICLE III SHARES

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

ONE MILLION

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VIC KLASSEN

12608 COVE VIEW STUART FL. 34994

ARTICLE V INCORPORATOR(S)

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

VIC KLASSEN
12608 COVE VIEW
STUART FL. 34994

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

TH day of TULY 19=2000

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: CHUE INC					
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				투	1	
2.	The name and address of the registered agent and office is:			31 111111	2 6 5	
	VIC KLASSEN	-5		11:53:		
	(Name)					
	12608 COVE VIEW	•				
	(P.O. Box or Mail Drop Box NOT acceptable)					
	STUBET FL 34994					
	(City/State/Zip)					

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)

(Date)