TRANSMITTAL LETTER

## 70000096403

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

SUBJECT:	SAR TECH (PROPOSED CORPORAT	TnC. TE NAME - MUST INCLU	DE SUFFIX)		
		11	DOOO3415 -10/05/00- *****87.50	5921 -01123008   *****87.5	
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: SUZANNE RACHON Name (Printed or typed)					
	21 OCRAN	kdu 033			
	ORMOND BA	$EA \leftarrow 9/$	orida 32	176	
	904 - 441 - Daytime To	7014 elephone number		000 SECR	
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NOTE: Please provide the original and one copy of the articles.

Jeb 10/12

W-24315



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 6, 2000

SUZANNE RACHON 21 OCEAN BREEZE CIRCLE ORMOND BEACH, FL 32176

SUBJECT: SARTECH INC. Ref. Number: W00000024315

SECRETARY OF STATE

We have received your document for SARTECH INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock Document Specialist

Letter Number: 900A00053079

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
SARTECH INTERNATIONAL INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  21 OCEAN BREEZE CIRCLE ORJOND Beach Ha. 3217
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Wholk SALES ASS
ARTICLE IV SHARES The number of shares of stock is:  /00,000.00
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  PRESIDENT - SUZANNE RACHON  21 OCEAN BLEEZE CIRCLE  ORMOND BEACH, MORIDA 32176
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  SUZANNE RACHON
21 OCEAN BREEZE CIRCLE ORMOND BEACH, DIORIDA 32176 ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:  SUZANNE RACHON  21 OCEAN BREEZE CIRCLE
OKMOND BEACH ************************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent  Date  10/3/00  10/3/00
Signature/Incorporator SUZANNE RACHON  Date