

TRANSMITTAL LETTER

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

P010000003280

FILED
01 JAN -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CORONA AUSTRALIS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003525475--9
-01/05/01--01079--001
*****70.00 *****70.00

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: DOUGLAS A. McLEAN
Name (Printed or typed)

300 N. CIRCLE
Address

SEBRING, FLA. 33870
City, State & Zip

(863) 385-8850
Daytime Telephone number

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

AB 1-9-01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALTAIR RISING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

300 N. CIRCLE
SEBRING, FLA. 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

5000 @ \$1 PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DOUGLAS A. McLEAN
300 N. CIRCLE
SEBRING, FLA. 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS A. McLEAN
300 N. CIRCLE
SEBRING, FLA. 33870

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

DMY
Signature/Registered Agent

1/3/2001
Date

DMY
Signature/Incorporator

1/3/2001
Date

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