

TRANSMITTAL LETTER
P91000010351

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

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-01/26/01--01167--010
*****87.50 *****87.50

SUBJECT: Chaotic Notation Inc.
(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 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: Fabianna Nieto
Name (Printed or typed)
PO Box 16427
Address
Tampa, FL 33687
City, State & Zip
813-984-9751
Daytime Telephone number

FILED
01 JAN 26 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-29-01
10-678-1
26

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: *Chaotic Notation Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*PO Box 16427
Tampa, FL 33687*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: *200 (two hundred)*

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:

*Fabianna Nieto
9815 N. 50th Street
Tampa, FL 33617*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Fabianna Nieto
PO Box 16427
Tampa, FL 33687*

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

F. Nieto

Signature/Registered Agent

01/22/01

Date

F. Nieto

Signature/Incorporator

01/22/01

Date

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TALLAHASSEE, FL OFFICE
SECRETARY OF STATE