TRANSMITTAL LETTER

P0100029960

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

SUBJECT:	VASTE INE (PROPOSED CORPORA	E COM, TE NAME – MUST INCLI	UDE SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the article			01136001
\$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	Name (Pr Ideda Bayle Tampa, F	inted or typed) Cooks Cooks ddress Tate & Zip	TALLAHASSEE, HUMUH	FILED OI MAR 19 M ID: 34 SECRETARY OF STATE
	Daytime Te	lephone number	 -	A COMMENSAGE OF

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

Job 3/23

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
ASTELINE. COM, INC. PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: LOG 22 BAY brooks Cr. TAMPA, FC 33617
The purpose for which the corporation is organized is: A M (Awful 605 in ess.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Thomas M. SASSOR, SR. White delay a Baybrooks Cr. Tanpa, FL 33617
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Thomas M. Sassor, Sr. 6622 Bay brooks Ce. Tampa, FL 33617
The name and address of the Incorporator is: Thomas M. Sassor, Se. 16622 Bay brooks CR.
TAMPA, FL 33617 ************************************
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
Signature (Incorporator Date
Signature/Incorporator Date