TRANSMITTAL LETTER CONTROL OF THE STATE OF

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

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			4444440 [# OF	"Leafeste Leafe	
SUBJECT:	COATRITE SYST			_	
	(PROPOSED CORPORATE N	NAME – MUST INCLUD	E SUFFIX)		
Englaced is an ori	iginal and one(1) copy of the art	icles of incorporation a	and a check for ·		
Enclosed is an or	igmai and one(1) copy of the art	icies of incorporation a	ind a check for .		
\$70.00	_ \$78.75	\$78.75	X \$87.50	-	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Cop	ÿ	
		* 5	& Certificate		
			of Status		
	ADDITIONAL COPY REQUIRED				
			_		
FROM:	John L. Crandall		سس نـ		
	Name (Printed or typed	1)	조유 요		
	8135 Ostrom Way		58 ≥		
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			SSE 6	Ī	
	Brooksville, FL 34613		≘	ŢŢŢ	
	City, State & Zip		<i>₽</i> 2 3		
	352-592-1290		Adlar Figure		
	Daytime Telephone nu	mber	န္ကာ မ		

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

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:

CoatRite Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8135 Ostrom Way

Brooksville, FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful business

ARTICLE IV SHARES

The number of shares of stock is:

5,000,000 common stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

John L. Crandall

- President/CEO/Treasurer

ARTICLE VI REGISTERED AGENT

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

John L. Crandall

8135 Ostrom Way

Brooksville, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John L. Crandall

8135 Ostrom Way

Brooksville, FL 34613

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

Value Languelal

3/2//0/ Date

Signature/Incorporator