# Department of State

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

SUBJECT:	CORONA AUS	TRALIS, ename- <u>mustinclu</u>	/NC.
		40	00003972464- -04/09/01-010730 ******70.00 ******7
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	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: DOUGLAS A. MELEAN  Name (Printed or typed)			
300 N. CIRCLE Address			
SEBRING, P.A. 33870  City, State & Zip  (863) 385-8850  Daytime Telephone number  TELEPHONE  TELEPH			
			1.30 1.30

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

13,01 Will

# 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:

CORONA AUSTRALIS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

300 N. CIRCLE

SEBRING, FLA. 33870

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES FOR PROFIT

# 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. MELEAN

300 N. CIRCLE

SEBRING, FLA. 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS A. MELEAN

300 N. CIRCLE

SUBRING, 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 any accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

4/5/2001

Date

4/5/2001

Date