

TRANSMITTAL LETTER

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

SUBJECT: AGA TECHNOLOGIES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004243147--1  
-05/17/01--01127--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: ALVIN ASSING  
Name (Printed or typed)  
11311 REGAL SQUARE DRIVE  
Address  
TAMPA, FL 33617  
City, State & Zip  
(813) 988-6109  
Daytime Telephone number

FILED  
01 MAY 17 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

G. BULLOCK MAY 24 2001

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

The name of the Corporation shall be:  
AGA TECHNOLOGIES, INC.

The principal place of business/ mailing address is:  
11311 Regal Square Drive  
Tampa, FL 33617

ARTICLE III - PURPOSE  
The purpose for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.

The aggregate number of shares that the corporation shall have authority to issue is 1,000 shares of the par value of One Dollar (\$1.00) each.

The name and address of initial officers/directors is:

Gail Yip Chuck  
11311 Regal Square Drive  
Tampa, FL 33617

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

Alvin Assing  
11311 Regal Square Drive  
Tampa, FL 33617

The name and address of the Incorporator is:

Gail Yip Chuck  
11311 Regal Square Drive  
Tampa, FL 33617

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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.

Date \_\_\_\_\_

Date \_\_\_\_\_