POOLOGO COOLOGO CONTRANSMITTAL LETTER Description of State Coologo Co

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

Tallahassee, FL 32314	
	700004435157-018 -06/21/0101051018 ******70.00 ******70.00
Enclosed is an original and one(1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate of Status	\$ of incorporation and a check for : \$ \$78.75 \$ \$87.50 \$ Filing Fee, \$ Certified Copy & Certificate of Status \$ ADDITIONAL COPY REQUIRED
FROM:Bill A. Christo Name (Printed or typed)	
401 NW 22 AVE Address	
BOCA RAT	ON, FL 33486 TALLIAH SECRETAR TALLIAH STAR SECRETAR TALLIAH STAR STAR SECRETAR TALLIAH STAR SECRETAR TALLIAH STAR SECRETAR TALLIAH S

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:

Christo Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

401 NW 22 AVE

Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares that this corportion may have at any given time is 1000 shares of common stock having no par value per share.

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Bill A. Christo

401 NW 22 AVE Boca Raton, FL 33486

ARTICLE VI REGISTERED AGENT

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

Bill A. Christo 401 NW 22 AVE

Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bill A. Christo 401 NW 22 AVE

Boca Raton, FL 33486

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

6-19-01

Date

OI JUN 21 PM 1: 20
SECRETARY OF STATE
TARE ANASSEE, FLORID

Signature/Bacorporati

ORIDA