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TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -9 PM 3:48

APPROVED
AND
FILED

SUBJECT: Bugfella's Inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

000004527820--7
-08/10/01--01002--009
*****70.00 *****70.00

FROM:

ROBERT P. STARACE
Name (printed or typed)

3240 MOUND DR.
Address

TALLAHASSEE FL. 32308
City, State & Zip

850-893-3499
Daytime Telephone number

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG -9 PM 3:41

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BUGFELLAS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3240 MOUND DR. TALLAHASSEE, FL. 32308

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT P. STARACE
3240 MOUND DR.
TALLAHASSEE, FL. 32308

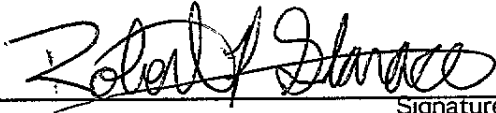
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert P. STARACE
3240 MOUND DR.
TALLAHASSEE, FL. 32308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of August, 2001.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Bugfellas Inc.

2. The name and address of the registered agent and office is:

Robert P. STARACE
(Name)

3240 MOUND DR.
(P.O. Box not acceptable)

TALLAHASSEE FL 32308
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

8/6/01
(Date)