

TRANSMITTAL LETTER

P01000097849

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

500004624485--6  
-10/05/01--01025--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Professional Sun Products  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

01 OCT -5 PM 2:28

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: FRANK CAPPOLA  
Name (Printed or typed)

40347 US Hwy 19 N, #233  
Address

TACON SPRINGS FL 34689  
City, State & Zip

727 943 2111  
Daytime Telephone number

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

Tax # 59-3730311

F. 012001

OCT

8 2001

**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:

PROFESSIONAL SUN PRODUCTS INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

40347 US Highway 19 N #233  
TARPON Springs FL 34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR A <sup>NEW</sup> BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

FRANK Cappola

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE VI REGISTERED AGENT**

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

FRANK Cappola  
40347 US Hwy N #233 TARPON Springs FL 34689

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FRANK Cappola  
40347 US Hwy N #233  
TARPON Springs FL 34689

\*\*\*\*\*  
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

7/26/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/26/01  
\_\_\_\_\_  
Date