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ORIGINAL

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TRANSMITTAL LETTER

02 JAN 17 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-01/17/02-01015--009
*****87.50 *****87.50

SUBJECT: Comindre Corp.

(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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Roger L. Gray
Name (Printed or typed)

3795 Pinehurst
Address

Deltona, FL 32725
City, State & Zip

407-322-1354
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be: **Comindre Corp.**

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*SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
**3795 Pinehurst
Deltona, FL 32725**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any legal purpose**

ARTICLE IV SHARES

The number of shares of stock is: **100**

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: **Roger L. Gray
3795 Pinehurst
Deltona, FL 32725**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **Roger L. Gray
3795 Pinehurst
Deltona, FL 32725**

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

Roger L. Gray
Signature/Registered Agent **Roger L. Gray**

1/15/02
Date

Roger L. Gray
Signature/Incorporator **Roger L. Gray**

1/15/02
Date