POLOGOSTATE TRANSMITTAL LETTER THE OF State TRANSMITTAL LETTER TO A CONTROL OF State T

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

SUBJECT: Enclosed is an original	MOLEMA INC. (PROPOSED CORPORA) al and one(1) copy of the article	TE NAME - MUST INCLU es of incorporation and a	E, HORIDA	SECRETARY OF STATE	A PAROVED
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	of	
FROM:	Michael Cun Name (Pri 602 Georg	ningham inted of typed) (ia Aue. ddress	0000517: -04/01/02- *****78.75	878 3 -01019 5 *****	
	Lynn Haven, City, 5 (850) 265- Daytime Tel	FL 3244 tate & Zip - 1527 lephone number	<u>-</u>		. ·

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Molema Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 602 Georgia Due, Lynn Haven, FL 32444 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Michael Cunningham 602 Georgia Ave. Lynn Haven, FL 32444 Director ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Michael Cunningham 602 Georgia Due., Lynn Haven, FL 32444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michael Cunningham 602 Georgia Due., Lynn Haven, FL 32444 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

Signature/Incorporator

7 - / -

4-1-02

Date