

TRANSMITTAL LETTER

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

FILED  
02 AUG 27 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
30000736915074-4  
-08/27/02--01038--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Stryon Industries 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Bryan G. Onate  
Name (Printed or typed)

809 Bill-Dot Dr.  
Address

Apopka, Fl. 32703  
City, State & Zip

(407) 682-5637  
Daytime Telephone number

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

OB 8/29 ✓

**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:

Stryon Industries Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

809 Bill-Dot Dr.

Apopka, Fl. 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Communications

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 (One Thousand)

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

The name(s) and address(es):

President - Steven G Walter - 4438 Hickory Hill Blvd. Titusville, Fl. 32780

Vice-President - Bryan G. Onate - 809 Bill-Dot Dr. Apopka, Fl. 32703

**ARTICLE VI REGISTERED AGENT**

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

Bryan G. Onate 809 Bill-Dot Dr. Apopka, Fl. 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Bryan G. Onate 809 Bill-Dot Dr. Apopka, Fl. 32703

\*\*\*\*\*  
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

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA