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# TRANSMITTAL LETTER

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

M. I. CUNDALL INDUSTRIES, INC.					
	(Proposed	d corporate name - must include	de suffix)		
closed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for:		
\$70,00	<b>⊠</b> (\$78.75	□\$122.50	\$131.25		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
-	& Certificate	& Certified Copy	Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
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	•	(			
	. 1489 Palm Coa	ast Parkway			
		Address			
	Palm Coast, F				
	Cit	y, State & Zip			
	(386) 446-031	7			
	Davtime	Telephone number			

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

ARTICLI	ES OF	<b>INCORP</b>	ORATION
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ALLAHASSEE F

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

#### ARTICLE I NAME

The name of the corporation shall be:

M.T. CUNDALL INDUSTRIES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

30 Llewellyn trail Palm Coast, Fl. 32164

## 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 Florida street address of the initial registered agent are:

MICHAEL T. CVN PALL
30 Llewellyn Trail
Palm Coast, F1.32164

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael T. Cundall 127 Birchwood Lane Palm Coast, F1.32137

Signature/Incorporator

1/17/03

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date