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SECRETARY OF STATE
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# TRANSMITTAL LETTER

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

SUBJECT: E	uromotion Technologies, In (PROPUSED CORPORAT		ODE(SURTOX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	d a check for:
☐ \$70.00 Filing Fee	C1 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	Euromotion Technologies Name (	Printed or typed)	
	3225 Fairhaven Ave.	ddress	
	Kissimmee, FL 34746	State & Zip	· ·,
	407-847-7005 <b>Daytime Te</b>	elephone number	

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

# ARTICLES OF INCORPORATION

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

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### ARTICLE I NAME

The name of the corporation shall be:

Euromotion Technologies, Inc.

SECRETARY OF STATE TALLAHASSEE FLORIDA

# ARTICLE II PRINCIPAL OFFICE

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

3225 Fairhaven Ave. Kissimmee, FL 34746

# 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:

G. Pattison, C.P.A. 917 N. Palmway St. Kissimmee, FL 34744

### ARTICLE V INCORPORATOR

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

Gary Campana 3225 Fairhaven Ave. Kissimmee, FL 34746

(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

20/03 Date