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TRANSMITTAL LETTER

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

SUBJECT: FUS	ION ENTERPRISES, INCOF	RPORATED	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee		\$78,75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: F	USION ENTERPRISES, INC	ORPORATED	
	Name	(Printed or typed)	
	PO BOX 23		
	,	Address	
	EVERGLADES CITY, FL 3		
	City,	State & Zip	
	239-695-4417		
	Daytime T	elephone number	

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



RECEIVED

03 HDV -7 EM 7:28

FLORIDA DEPARTMENT OF STATE SECRETARIA CORIDA GIARE

Secretary of State

October 13, 2003

LAWRENCE H STONE JR P.O. BOX 23 **EVERGLADES CITY, FL 34139**

SUBJECT: FUSION ENTERPRISES, INCORPORATED

Ref. Number: W03000029534

for FUSION ENTERPRISES. received vour document We have INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filings Section

Letter Number: 803A00055784

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	• • • • • • • • • • • • • • • • • • • •	
Square Wave Enterprises, I ARTICLE II PRINCIPAL OFFICE	orated nc.	
The principal place of business/mailing address is:	C	
910 Dupont Rd, Everglades C PUBOX 23, Everglades City.	_	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	,	03 M SECR
Any lawful business		NOV -7 PRETARY AHASSEI
ARTICLE IV SHARES The number of shares of stock is: 500		PH 1:33
ARTICLE V INITIAL OFFICERS AND/OR D List name(s), address(es) and specific title(s): CEO Melissa A. Weaver, President 8188 Lawrence H. Stone, Ir. V. Pres. C.O.O. P Roberta Stone, Secy (Treas PO Bo	N.W.5 ⁴¹ ST. Coral S OBOX601 Everglades	oprings, FC 330 City FC 34130
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agents.	gent is:	
Lawrence H. Stone Ir. 301 S. Copeland avenue Everglades City, fc 34139		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Melissa A. Weaver 8188 n.w. 5th Street		
Cord Springs, FC 33071	****	the she she she she she she she she she s
Having been named as registered agent to accept service of process certificate from familiar with and necept the appointment as registered	for the above stated corporation at t d agent and agree to act in this capa	he place designated in this city
Chumit Hom on	And	Sep 20,200
Signature/Registered Agent /	- 	Date /

Melling A Weever Signature/Incorporator