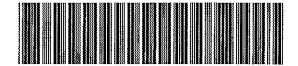
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Submoce 2nd), name, |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARISE STATE
AND STATE

TRANSMITTAL LETTER

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

| UBJECT: XHA | DOW Corp. | | | | |
|---------------------|----------------------------------|-----------------------------|-----------------------------|--|--|
| | (PROPOSED CORPOR | ATE NAME – MUSTINGL | MD MENTAL (XIVE TO A COLUMN | | |
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| nclosed are an orio | ginal and one (1) copy of the ar | ticles of incorporation and | l a chaoir for | | |
| nerosed are an orig | ginal and one (1) copy of the at | ucies of incorporation and | t a Chook for. | | |
| \$70.00 | □ \$78.75 | \$78.75 | ☑ \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | | & Certificate of | | |
| | | ADDITIONAL CO | Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| rnove. S | tuart Marcus | | | | |
| FROM: | Nam | e (Printed or typed) | | | |
| | | | | | |
| | 203 Flagship Drive | | | | |
| | | Address | | | |
| | | | | | |
| | Lutz, FL 33549 | | | | |
| | City | /, State & Zip | | | |
| | 813-948-2707 | | | | |
| • | Daytime | Telephone number | | | |

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

.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: XHADOW Corp.

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SECKE LAKE OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 203 Flagship Drive Lutz, FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manufacture, design, and sales of audio and video connectors

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Chris Sommovigo, President 6315 Matfield Drive

Stuart Marcus, Vice President 611 Chancellar Drive Lutz, FL 33548

6315 Mattield Drive Cumming, GA 30041

ARTICLE VI REGISTERED AGENT

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

Stuart Marcus 203 Flagship Drive Lutz, FL 33549

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Stuart Marcus 611 Chancellar Drive Lutz, FL 33548

| Having been no | ımed as r egistere c | l agent to accept serv | rice of process for the al | bove stated corporati | ion at the place designated | l in this |
|-------------------|---------------------------------|------------------------|----------------------------|------------------------|-----------------------------|-----------|
| certificate, I am | familiar with and | accept the appointm | ent as registered agent a | nd agree to act in the | is capacity | |
| ~/ | | | | | <u>@</u> | |

Signature/Registered Agent
Date

02/03/04

Signature/Incorporator
Date