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TALLAHASSES FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: PAR	AMOUNT SUPPLY INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$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: D	EBRA A STRADE		<u>-</u> i
	Name	(Printed or typed)	
	127 REDWOOD TRACK	COURSE	
		Address	
	OCALA FL 34472		
	City	, State & Zip	
	352-427-9661		
	Daytime 1	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: PARAMOUNT SUPPLY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 614 SE 24TH STREET OCALA FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BE A MANUFACTOR REPRESENTIVE OF LIGHTING FIXTURES AND SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DEBRA A STRADE

ARTICLE VI REGISTERED AGENT

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

DEBRA A STRADE 127 REDWOOD TRACK COURSE OCALA FL 34472

ARTICLE VII INCORPORATOR

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

DEBRA A STRADE 614 SE 24TH STREET OCALA FL 34471

***************	**********
Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent o	
Debra A Strade	1-30-04
Signature/Registered Agent	Date
Debic 1 Strade	1-30-04
Signature/Incorporator	Date