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TRANSMITTAL LETTER

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

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

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Supplying the transformation of the corporation shall be:	, Irc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
JUDS AIDION AVENUS Oricido, FL 32833	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
France Icroscoping and Patio + a	drivewal
+100 WINDA + INDICITION / DELVICES	
ARTICLE IV SHARES The number of shares of stock is:	
100	
List name(s), address(es) and specific title(s): List name(s), address(es) and specific title(s):	SECTO
ARTICLE VI REGISTERED AGENT	<u></u>
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Kristy Lorona	
ZUZS AIDION AVENUE	2: 46
Orlando, F1 32833	٠.
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Welson R. Fernandez	
11368 5W 117 COURT	
uiani Fl. 33130	*****
Having been named as registered agent to accept service of process for the above stated corporation at the pla	ce designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
7/2/0	1
Signature/Registered Agent / Date	
Nahr Dele 2 7-14	-04

Date

ARTICLES OF INCORPORATION

Signature/Incorporator