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TALLAHASSEE FISHER

TRANSMITTAL LETTER

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

SUBJECT: A	CIEL . CORP.						
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 PPY REQUIRED				
FROM:	IRV C. JAFFE	JAFFE & CO PC	CPAs				
	Name	(Printed or typed)					
	29 BALA AVE.						
-	Address						
_	BALA CYNWYD PA						
	City, State & Zip						
	610 664 6110						
-	Daytime Telephone number						

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ACIEL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1 WINDERMERE PLACE

PALM COAST FL 32164

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

C SEN A

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IRV C. JAFFE 29 BALA AVE. BALA CYNWYD PA 19004 - PRES.

ARTICLE VI REGISTERED AGENT

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

SAM LAHIRI .

- WINDERMERE PLACE

PALM COAST FL 321 64

ARTICLE VII INCORPORATOR

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

IRV C. JAFFE

29 BALA AVE.

BALA CYNWYD PA 19004

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

| Signature/Incorporator | Date |