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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/21/05  
BWC

## TRANSMITTAL LETTER

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

**SUBJECT:** Euro-American Chemicals, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** John Davenport

Name (Printed or typed)

1490 Polaris St.

Address

Merritt Island, FL 32953

City, State & Zip

321-454-6919

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:

Euro-American Chemicals, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1490 Polaris St.  
Merritt Island, FL 32953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chemical Sales

**ARTICLE IV SHARES**

The number of shares of stock is:

One Thousand

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

John Davenport, President  
1490 Polaris St.  
Merritt Island, FL 32953

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Davenport, President  
1490 Polaris St.  
Merritt Island, FL 32953

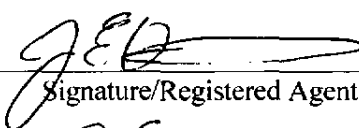
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

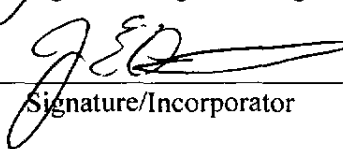
John Davenport, President  
1490 Polaris St.  
Merritt Island, FL 32953

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*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

9-19-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-19-05  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA