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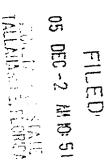
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT:	CME POWDERCO (PROPOSED CORPOR	ATTING CO.	
S70.00 Filing Fee	ginal and one (1) copy of the ar  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	MICHAEL ST Nam		1212
		2H FC - 3340 , State & Zip	
(561) 373 - 272   Daytime Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (	Profit)
ARTICLE I NAME  The name of the corporation shall be: ACME POWD	ERCOATING CO. S.
ARTICLE I NAME  The name of the corporation shall be: ACME POWD  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 6687.  WEST	PALM BEACH , FC 33407
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: A	
ARTICLE IV SHARES The number of shares of stock is: 100,000	·
ARTICLE V INITIAL OFFICERS AND/OR DIS	PECTORS
List name(s), address(es) and specific title(s): MICHAE 3836 BB P.B.GAR	CL STELICHA - PRESIDENT GOWIA ST. RDENS, FL-33410
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	intable) of the registered agent is:
MICHAEL 3836 BEO	ANIA ST.
P. GAADE	ENS, FL. 3341D
1,2.0/(2006)	33410
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: MICHAEL	
	GONIA ST.
P.B. GARD	DENS, FL. 3341D
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered	agent and agree to act in this capacity
	11-27-05
Signature Registered Agent	11-27-0S Date
O'GUNNA TENNA	27 4

Date

ARTICLES OF INCORPORATION

Signature/Incorporator