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CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 24 2006

## COVER LETTER

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

SUBJECT: PLATINUM EAGLE CORP.

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: CHRISTOPHER WAYNE CHIN-LOY

Name (Printed or typed)

1046 SEQUOIA LANE

Address

WESTON FL 33327

City, State & Zip

954-557-8081

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:

PLATINUM EAGLE CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1046 SEQUOIA LANE, WESTON, FL 33327

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS

### 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):

CHRISTOPHER W. CHINLOY 1046 SEQUOIA LN , WESTON, FL 33327 ;PRES.  
SHYREL G. CHINLOY 1046 SEQUOIA LN, WESTON, FL 33327 SEC.

### ARTICLE VI REGISTERED AGENT

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

CHRISTOPHER W. CHINLOY 1046 SEQUOIA LN, WESTON, FL 33327

### ARTICLE VII INCORPORATOR

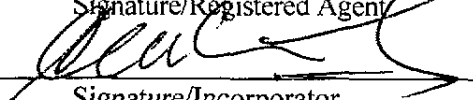
The name and address of the Incorporator is:

CHRISTOPHER W. CHINLOY 1046 SEQUOIA LN, WESTON, FL 33327

\*\*\*\*\*

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

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

02/20/2006  
\_\_\_\_\_  
Date

02/20/2006  
\_\_\_\_\_  
Date

FILED  
06 FEB 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA