

COVER LETTER

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

SUBJECT: Neomiser 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
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: Luke Browning
Name (Printed or Typed)
4409 Hoffner Ave. Unit 119
Address
Orlando FL 32812
City, State & Zip
214-492-9056 (cell)
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)

FILED
2008 DEC - 8 P 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Neomiser Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4409 Hoffner Ave. Unit 119
Orlando FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale

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):

Luke Browning - President
4409 Hoffner Ave.
Unit 119
Orlando FL 32812

ARTICLE VI REGISTERED AGENT

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

Luke Browning
4409 Hoffner Ave. Unit 119
Orlando FL 32812

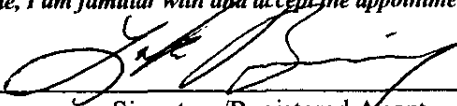


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luke Browning
4409 Hoffner Ave. Unit 119
Orlando FL 32812

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

12/2/08

Date

12/2/08

Date