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COVER LETTER

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

SUBJECT: Protec-Kote Technologies, 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:	Terence R. Kornegay		
-	Name (Printed or typed)		
	•		
	711 W. Amelia St.		
_	Address		
_	Orlando, FL 32805		
	City, State & Zip		
	407-398-6575		
_	Daytime Telephone number		
	trkornegay@tekontrol.com		
	E-mail address: (to be used for future annual report notification)		

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			
The name of the	corporation shall be: Protec-Kote Technolog	gies, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	711 W. Amelia Street		
	Orlando, FL 32805		
RTICLE III	PURPOSE		
	which the corporation is organized is: Any and a	all lawful business.	
• •	, , ,		
ARTICLE IV	<u>SHARES</u>		
he number of sh	ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	S	*,
	Title: Roy E. Johnson, President		Thomas S. Kornegay Director
Address:	1451 Stargazer Terrace		2133 Wintermere Pointe Dr.
	Sanford, FL 32771		Winter Garden, FL 34787
NT 4 '	Tid. T D. V Disc.	N J T'Al	Dahhin I Hand Dinaster
	Title: Terence R. Kornegay, Director		
Address:	801 Campello Street	Address:	2787 Cypress Head Trail Oviedo, FL 32765
	Altamonte Springs, FL 32701	_	Oviedo, FL 32/63
			
	Title:		
Address:		Address:	
		_	
RTICLE VI	<u>REGISTERED AGENT</u>		7 🛴
he <u>name and F</u>	lorida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Robbin L. Hand		3
Address:	2787 Cypress Head Trail		
	Oviedo, FL 32765		37
RTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Terence R. Kornegay		7:4
Address:	801 Campello Street		
	Altamonte Springs, FL 32701		92 -
		_	
	ned as registered agent to accept service of proce		
is certificato, D	am familiar with and accept the appointment as re	gistered agent and d	agree to act in this capacity
			2 / /2
			3/1/2012 Date
(~	Required Signature/Registered Agent		Date
suhmit this da	cument and affirm that the facts stated herein a	va tenca I am anno-	a that the false information and mitted in
	Department of State constitutes a third degree felo		
		,prorimonjor s	
	/		, 1
	ku R. K		3/1/2012