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## **COVER LETTER**

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

SUBJECT: CFNR INC.	•
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
1231 AUA	CE F. CURTIU e (Printed or typed)  LOW AVE  Address
#### TCW/City,	State & Zip ISCANDFZ34949
Daytime T	22-631-6455 Telephone number
E-mail address: (to be use	THE COLD FUSION NUCLER Ed for future annual report notification) REACTION. COM

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

ARTICLES OF INCORPORATION SECRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) DIVISION OF CORPORATIONS The name of the corporation shall be: CFNR INC. 12 APR -2 PM 12: 50 ARTICLE II PRINCIPAL OFFICE Principal street address
1731 AVALON AVE
HUTCH NSON ISLAND Mailing address, if different is: FLORIDA 34919 ARTICLE III The purpose for which the corporation is organized is: PRODUCES ENERGY FROM SEAWATER ARTICLE IV SHARES
The number of shares of stock is: /, to oo, ooo INITIAL OFFICERS AND/OR DIRECTORS; Note: LAWRED CE F. CURT Name and Title: Name and Title: AUALON AVE Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: INGON ISLAND FLOR LDA 349/9 Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Name: LAWRENCE F. CURTIN 1731 AVALONAVE Address: HUTCHINSONISLAND & LORIDASY9) 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 3-30-12 Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

3-30-/2