Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

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				/29/97- ***70.0	
SUBJECT:	Alpine Air Purificatio	on Systems Inc.			
	(Proposed corporate name - must include suffix)				
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.2 Filing Fee Certified & Certifie	e, Copy	
		ADDITIONAL CO	PY REQUI	RED	
FROM:	Sam Zeoli,Jr.				l
	Name (Printed or typed)				
	8413 Jacaranda Avenue				
	Address			SE	97
	Largo, Florida	33777-3619		CRE	MAY
	City, State & Zip		HASSEE, FLORIDA	Y 29	
	813-392-4444				2
	Daytime To	lephone number		ORICE SECTION	$\vec{\Sigma}$
				Σ_{uv}	12

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

ARTICLES OF INCORPORATION OF ALPINE AIR PURIFICATION SYSTEMS INC.



ARTICLE I

THE NAME OF THE CORPORATION SHALL BE: ALPINE AIR PURIFICATION SYSTEMS INC.

ARTICLE II
PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE: 8413 JACARANDA AVENUE - LAGRO, FLORIDA 33777

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 100 SHARES

ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE:

SAM ZEOLI,JR. 8413 JACARANDA AVENUE SEMINOLE, FLORIDA 33777-3619

> ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

SAM ZEOLI,JR. 8413 JACARANDA AVENUE SEMINOLE, FLORIDA 33777-3619

SIGNATUREHICORPORATOR

DATE

ACCEPTANCE AS REGISTERED AGENT OF ALPINE AIR PURIFICATION SYSTEMS,INC.

I, Sam Zeoli, Jr., having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE/REGISTERED AGENT

5-23-9-

DATE

97 HAY 29 PH 12: 12
SECRETASSEE, FLORIDA