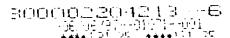
P910 (745) (70)

ICON TECHNOLOGIES INC.,

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

SUBJECT:



	(Proposed corporate name - must include suffix)		
			WITTING.
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	ICON TECHNOLOG	<u>-</u>	
	Name (Printed or typed)		
	6423 REMUS DRI	VE Address	
	NEW PORT RICHS		
	City, State & Zip		
	(813) 846-8655		
	Daytime Telephone number		

JUN 9 ◀ BSB

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

97 JIM -6 Pil 12: 36

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

tall to

ARTICLE I NAME

The name of the corporation shall be ICON TECHNOLOGIES INC.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6423 REMUS DRIVE
NEW PORT RICHEY, FL 34653

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300 COMMON SHARES OF THE PER VALUE OF \$1-00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PYDIRAJU EMANDI 6423 REMUS DRIVE NEW PORT RICHEY, FL 34653

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PYDIRAJU EMANDI 6423 REMUS DRIVE NEW PORT RICHEY, FL 34653 OTHER PARTNERS:

1. GOPI CHARI

2. MOHMAD A. MUKHTAR

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Date