TRANSMITTAL LETTER

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

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ON SERVICE OF STATE O

| SUBJECT: | BtchArt, | · | | |
|--|--|--|---|--------------------------|
| Enclosed is an origina | | te name - must include suf | -09/0 ***** (300002 -09/0 **** | 14/9701077001 1878.50 |
| for: \$70.00 Filing Fee | X \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate | |
| FROM: Larry W.Cashion.Jr. Name (printed or typed) 987 Josaine Ct. #1046 Address Altamonte Springs,Fl. 32701 | | | | |
| City, State & Zip | | | | |
| | | time Telephone number | | |

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



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EtchArt, Inc.

ARTICLE II PRINCIPAL OFFICE

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

987 Josiane Ct. #/0 46

AltamonteSprings, F1. 32701

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LARRY W. CASHION, JR. 987 JOSIANE CT. #1046 ALTAMONTE SPRINGS, FL. 32701

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BARBARA S. CASHION

175 WEST CHAPMAN ROAD

OVIEDO, FL 32765

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: | EtchArt, Inc. | . 9 |
|----|------------------------------------|---|-------------|
| | | | 97 9 |
| 2. | The name and address of the regist | ered agent and office is: | TO THE COMP |
| | LARRY W. C. | ASHION, JR. | ANI: 53 |
| | <u></u> | (NAME) | 53 |
| | 987 JOSIANI | | |
| | (Р.О. Вох | or Mail Drop Box <u>NOT</u> ACCEPTABLE) | |
| | ALTAMONTE S | SPRINGS,FL.32701 | |
| | | (City/State/Zip) | |

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.

Larry W. Cref 8/28/57 (DATE)