TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Boy 6327

Tallahassee, FL 32314	•		500002441215 -02/26/980100302/ ******70.00 ******70.	-: 3 :0(
SUBJECT:	` •	rporate name - mlist include	suffix)	
Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	theck 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	-
	Robert McKier, Name (Pr	nan rinted or typed) PLACE Address	EB 25 AN II: 19	
-	Sarasota FLA City,	<u> 34 2 3 Ś</u> State & Zip	······································	

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

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.

ARTICLE I NAME

The name of the corporation shall be: The Instellation Depot Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1920 Barstow PLACE Saragota Florida 34235

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: \00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

1920 Barstow PLACE Sarasota Florida 34235 Robert McKiernan

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Robert McKiernen 1920 Barstow PLACE Scrasote FLA. 34235

Signature/Incorporator

2-24-98

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

2-24-58

Date