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DIVISION OF CORPORATIONS

98 APR - 1 AMUL: 02

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

400002474484--5 -04/01/98--01018--012 *****78.75 *****78.75

SUBJECT:	KRICOR (Proposed co.	Incorporated rporate name - must include	suffix)				
Enclosed is an original and	one(1) copy of the article	s of incorporation and a	check for:				
S70.00 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: Bruce Alau Krist Name (Printed or typed)							
909 Albertville Court Address							
Pośnciana, FL 34759 City, State & Zip							

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

(407) 933-0918

Daytime Telephone number



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:

				2"				
ARTICLE I NAME				_				
The name of the corporation shall be:		KRICOR, Incorporated						

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 909 Albertville Court, Poinciana, Florida 34759

ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bruce Alan Krist 909 Albertville Court, Poinciana, Florida 34759

ARTICLE V INCORPORATOR

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

Bruce Alan Krist 909 Albertville Court, Poinciana, Florida 34759

Bruce alan	Kust Klist	3/30/98
Signature/Incorpo	rator	Date

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