P98000045199

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

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SUBJECT:	KOMOTEL CORP.			
(Proposed corporate name - must include suffix)				
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			98.	SEDI
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00		□\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy	ST.
	e Comicae	& Certified Copy	& Certificate	RESTATIONS PM 4: 27
		ADDITIONAL CO		•
		·	TIGGORGE	
FROM				
Name (Printed or typed)				
16282 NW 14 COURT				
Address				
	P. Pines FL	33028		•
City, State & Zip				
954-431-3336				
Daytime Telephone number				

440

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:

KOMOTEL CORP.



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

18459 PINES BLVD # 220 PPINES FL 33029

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK AMARANT 16282 NW 14 Court P. Pines FC 33028

ARTICLE V INCORPORATOR

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

MARK AMARANT 16282 NW 14 COURT P. PINES FL 33028

Signature/Incorporator

05-15-98

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

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Date