

P980000056765

TRANSMITTAL LETTER

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

600002551346--0  
-06/08/98-01091-010  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: EL, Inc.

I enclose an original and 1 copy(ies) of the  
Articles of Incorporation for the above corporation and a check  
in the amount of \$ 122.50.

Signature: \_\_\_\_\_

From: \_\_\_\_\_

Ronald Noss  
Name

6773 Saltaire Terrace  
Address

Margate Florida 33063  
City State Zip

(954) 968-5522  
Telephone Number

FILED  
98 JUN 23 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/10/98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 11, 1998

RONALD NOSS  
6773 SALTIRE TERRACE  
MARGATE, FL 33063

SUBJECT: EL, INC.  
Ref. Number: W98000013402

We have received your document for EL, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway  
Document Specialist

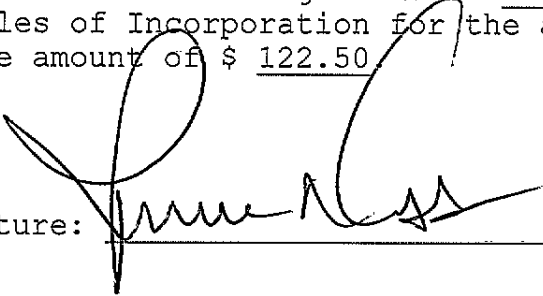
Letter Number: 098A00032700

TRANSMITTAL LETTER

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

SUBJECT: OEL, Inc.

I enclose an original and 1 copy(ies) of the  
Articles of Incorporation for the above corporation and a check  
in the amount of \$ 122.50.

Signature: 

From: Ronald Noss

Name

6773 Saltaire Terrace

Address

Margate

City

Florida

State

33063

Zip

(954) 968-5522

Telephone Number

**ARTICLES OF INCORPORATION**

OF

OEL, Inc.

**FILED**  
98 JUN 23 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

OEL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

6773 Saltaire Terrace

Margate, FL 33063

**ARTICLE III CAPITAL STOCK**

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

One Hundred (100)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Ronald Noss

6773 Saltaire Terrace

Margate, FL 33063

**ARTICLE V INCORPORATOR**

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

Ronald Noss

6773 Saltaire Terrace

Margate, FL 33063

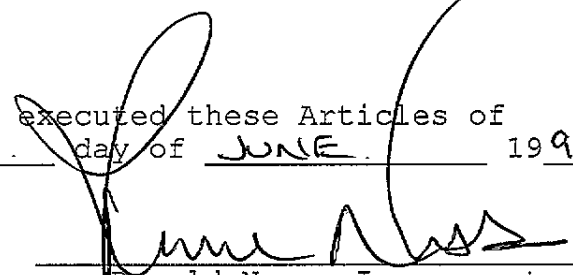
**ARTICLE VI INITIAL OFFICERS AND OWNERSHIP**

The initial officers and owners of the corporation shall be:

President Ronald Noss

Vice President Jacqueline Noss

The undersigned has executed these Articles of Incorporation this 22 day of JUNE 1998.

  
Ronald Noss, Incorporator

**CERTIFICATE OF DESIGNATION**

**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:

OEL, Inc.

2. The name and address of the registered agent and office is:

Ronald Noss

6773 Saltaire Terrace

Margate, FL 33063

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Incorporator

Date: 22 JUNE 98

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: \_\_\_\_\_

Date: 22 JUNE 98

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA