## TRANSMITTAL LETTER

## P98000072688

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

SUBJECT:	OYOTE SYSTEM (Proposed corpo	IS, INC rate name - must include suf	fix)	<del></del>
		Special control and community is a second	000002617 	73906 -01081006 ****131.25
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:	-
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	4	ADDITIONAL CO	PY REQUIRED	
FROM:	ALAN SIWERN Name (P)	rinted or typed)		
	1825 Ponce	De Leon Bwo	#365 DEL	98
	CONAL GABLES	5 FL 331.	34 CAHASSE	FIL 198 AUG 17
	(365) 444.	- 366 S	- C-	

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

Japan

## 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:
Coyote Systems, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
1825 PONCE De Lean BWD., # 265, COKAL GABLES, FL 33134
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Avan Silverman, 1825 Ponce De Leon Bur, #265, Miami, Fl. 33134
<u>ARTICLE V INCORPORATOR</u>
The name and address of the incorporator to these Articles of Incorporation are:
ALAN SILVERMAN, 1825 PONCEDELEON BLVD, #265, GOLAGABLES, FC33134
8/2/98
Signature/Incorporator 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

Date