TRANSMITTAL LETTER

P980000 75378

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

SUBJECT:	LUMINET INCORPORATED			
	(Proposed corpor	rate name - must include suf	fix) 10000262! -08/26/98- *****78.75	5.4.50 -01055019 5 ******78.
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	a check for :	-
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	John McNulty Name (Pr	inted or typed)	TALLAHA	98 AUG 26 AM 7: 47
	1029 Euclid #3 Address		ARY OF S SSEE, FL	FILED 6 26 MM 7
	Miami Beach, City, S	Florida 33139 State & Zip	ORIDA	
	(305) 861-8069 Daytime Te	ext 3112 elephone number	· · · · ·	

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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:

Luminet Incorporated

ARTICLE II PRINCIPAL OFFICE

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

1029 Euclid Ave #3

Miami Beach, Fl 33139

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John McNulty

1029 Euclid Ave #3, Miami Beach, Fl 33139

ARTICLE V INCORPORATOR

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

John McNulty

1029 Euclid Ave #3

Miami Beach, FL 33139

Signature/Incorporator

(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