

TRANSMITTAL LETTER

P98000086427

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

SUBJECT: Innovative Applied Science, Inc.
(Proposed corporate name - must include suffix)

500002658035--2
-10/07/98--01082--011
****131.25 *****87.50

Enclosed is an original and one(1) copy of the articles 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

ADDITIONAL COPY REQUIRED

FROM: Curt W. Lessl
Name (Printed or typed)

4252 Alpine Rd.
Address

Land O' Lakes, FL 34639
City, State & Zip

(813) 935-5700 ext. 474
Daytime Telephone number

FILED
98 OCT -7 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TA-10/8/98

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Incorporation Act, hereby adopts the following Articles of Incorporation.

Article I Name

The name of the corporation shall be Innovative Applied Science, Inc.

Article II Principal Office

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

5440 Beaumont Center Blvd.
Suite #490
Tampa, FL 33634-5287

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Million (1,000,000) shares.

Article IV Initial Registered Agent and Street Address

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

Curt W. Lessl
4252 Alpine Rd.
Land O' Lakes, FL 34639

Article V Incorporator

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

Curt W. Lessl
4252 Alpine Rd.
Land O' Lakes, FL 34639



Signature/Incorporator

1 October, 1998

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

1 October, 1998

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA