## RISMITTALIZET 87354

FILED

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

98 OCT 12 AM 10: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

**□** \$131.25 ·

Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

CKLANDO FL 32817
City, State & Zip

(407) 681-4144 Daytime Telephone number

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

## FILED

## ARTICLES OF INCORPORATION

98 OCT 12 AM 10: 02

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME	
The name of the corporation shall be:	
Advanced Opto-Metrics Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	•
9328 TOBY LANE	
ORLANDO FL. 32817	<del></del>
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one	time is:
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
Anthony Klele	
9328 TOBY LANE	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
History Klete 9328 TOBY LANE	
OLIANDO FL 32817	•
10-9-98	>
Signature/Incorporator Date	
(An additional article must be added if an effective date is requested.)	
(1 MI MARIBORAL MEROIO INGSE DO MARON IL ARI OTTODA, O MARO IO FOGUESDOS.)	

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