TRANSMITTAL LETTER

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Department of \$tate
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SUBJECT: REDSEA WORKS CO.

(Proposed corporate name - must include suffix)

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	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM: _	Jose Rodriguez Name (Printed or typed)			
	5200 NW 43rd St., Suite 1007339			
	City State & Zin			0CT 25
	(904) 462-2362 Daytime Telephone number		F STATI	AM III 30

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

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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:

REDSEA WORKS CO.

ARTICLE II PRINCIPAL OFFICE

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

5200 NW 43rd St., Suite 102-339 GAINESVILLE, FL 32606

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSE RODRIGUEZ 5200 NW 43rd St., Suite 102-339 GAINES VIIIE, FL 32606

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JOSE RODRIGUEZ 5200 NW 43rd St., Suite 102-339 GAINESVILLE, FL 32606 26 AMII: 30 SSEE, FLORIDE SSEE, FLORIDE

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