TRANSMITTAL LETTER

## 19800093729

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

SUBJECT:	Chemonot	Inc		
	(Proposed corpor	rate name - must include sui 31	ffix) DOOO2680723- -11/05/980100800 ******87.50 *******	
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	and the second s	14. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50. Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	, <del>-</del>
FROM:	Name (Ru 401 Rocka Fella A  Orlando, H City, S  (407) 282	inted or typed)  Now Way  ddress  32828  State & Zip  -3427.  elephone number	FILED  98. NOV -5 M 8: 32  SECRETARY OF STATE TALLAHASSEE FLORIDA	

T. SMITH NOV 0 5 1998"

## 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	Ċ
----------------	---

The name of the corporation shall be:

CHEMROOF INC.

## ARTICLE II PRINCIPAL OFFICE

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

401 Rockafellow Way

Urlando	Ph.	3280
ARTICLE III	SH	ARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 20,000

ARTICLE IV	INITIAL REGISTERED AGENT	AND STREET ADDRESS
		<del></del>

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

401 Rockafellow Way Orlando, FL. 32828

Harold R. King Sr.

## ARTICLE V INCORPORATOR

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

401 Rockafellow Way Harold R King Sr. Orlando FL, 32828.

Signature/Incorporato

(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