79800097612

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

SUBJECT:		ions Inc.		•
	(Proposed corpo	rate name - must include sur	ffix)	
Enclosed is an origin	nal and one(1) copy of the article		0002592; -11/20/980; *****78.75	1881817 -
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Chollet K Name (Pri	LDNG		
	3694 Tailai	Lana Dr.	SECRETALLAH	AON 86
	Havana, Fc		ARY OF S	FILED 19 PM 4:
	Daytime Tele	2158 ephone number	TATE ORIDA	

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:	₹		
Rainbow warriors the.	SECRI	98 NO	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3L94 Tallavana Dr. Havana, Fc 32333	ETARY OF STAT HASSEE, FLOR	98 NOV 19 PM 4: 15	FILED
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one	DA		
any one	time is	•	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are: Chollet K. Long			
3694 Tallavana Dr. Havana, FL 32333			
ARTICLE V INCORPORATOR			
The name and address of the incorporator to these Articles of Incorporation are:			
Chollet K. Long 3694 Tallavang Dr. Havana, FE 32333			
Havana, FE 32333			
Charles 1/19/98			
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

11/K/G8