TRANSMITTAL LETTER

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

000002736390--2 -01/11/99--01074--026 ****131.25 *****87.50

SUBJECT:

Sublight System, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$131.25 for the filing fee, certified copy, and certificate.

FROM: Gary F. Streets

6914 Liberty Street Naverre, FL 32566 (850) 939-4021

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ARTICLES OF INCORPORATION OF SUBLIGHT SYSTEM, INC. (CHAPTER S CORPORATION)

ONE: The name of this corporation is SUBLIGHT SYSTEM, INC.

TWO: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the Law of the State of Florida, other than the banking business, the trust company of business, or the practice of a profession not permitted to be incorporated.

THREE: The principal place of business and mailing address of this corporation shall be: 6914 Liberty Street, Navarre, Florida, 32566.

FOUR: This corporation is authorized to issue only one class of share, which shall be designated "common" shares. The total number of such shares authorized to be issued is 100.

FIVE: The name and address in this state of the corporation's initial agent for service of process are Gary F. Streets, 6914 Liberty Street, Navarre, Florida, 32566.

SIX: The name and address of the incorporator to these Articles of Incorporation are Gary F. Streets, 6914 Liberty Street, Navarre, Florida, 32566.

Seven: This corporation is formed under the regulations for Chapter S corporations and will seek Chapter S designation with the Internal Revenue Service. Accordingly, only persons who qualify as stockholders under Chapter S requirements may hold stock in the corporation.

requirements may hold stoo	k in the corporation.	
Dated this Jan 8	day of January, 1999.	- =
Hay Street		
[signature of incorporator] Registered Agent	STATEOFFICIAL COUNTY OF Florida	<u> </u>
	Swom (or affirmed) and subscribed before me this & day of Jan 1999, by Chry F. Silvels	··
OFFICIAL NOTARY SEAL DEBRA A CAMERON NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC696817 MY COMMISSION EXP. NOV. 17 2001	(Signature of Notery Public State of Florida)	
	Personally Known or Produced Henrification	

Type of Identification Produced \$\frac{\frac{1}{1}}{1} \to 1 \frac{\$36328650}{2730}\$

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.