TRANSMITTAL LETTER

Department of State Division of Corporations	•	0008		- - - - -
P.O. Box 6327	-		17 SE 99	age of the state o
Tallahassee, FL 32314	Ω		量型	, ,
SUBJECT: 1410	(Proposed corporate name		25 PH ASSEE, F))
Enclosed is an original ar	nd one (1) copy of the a	articles of incorporation	a and a check for:	
⊠ \$70.00	□ \$78.75	1 \$122.50	□ \$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Vason Hub), <u> </u>		
	Name (Printed	Tirputt Drille	<u></u>	_
	Addre	ess		-
	Sebastian	El 32958	>	
	City, State	400	002754164	⊦—— 4 -009
	<u> 561 - 388-5</u>		*****70,00 ****	*70.00
	Daytime Teleph	one number		

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

ARTICLES OF INCORPORATION
1. The name of the corporation shall be: Higher Perceptions Fire in
2. The principal place of business and mailing address of the corporation is: 100 west Arrest prive Sebastian, FL 3275863
3. The corporation shall have the authority to issue 100 Color shares of stock
4. The registered agent of the corporation is <u>Jason M. Aubin</u> and the registered street address is <u>Hoo West Arrort Drive</u> <u>Sebastian</u> ,
Florida <u>32958</u> .
5. The initial Board of Directors shall have member(s) whose name(s) and address(es) is/are as follows:
400 West Airport OrNe
Sebastian, M 32958
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one. 6. The incorporator of this corporation is <u>ason</u> M. Aubir & whose street address is <u>400 west Arport Drive</u> , Sebastian El 32958
Dated 1/19/99 Asm M. Clubi Incorporator
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 am familiar with and accept the obligations of my position as registered agent.
Dated 1/19/99 Asm M. Aultana Registered Agent