P99044036675

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

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SUBJECT: Celestial Laser Light Inc (Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		thot rinted or typed)		
		RWAY DR	 	SEC
	ORLANDO FL 32819 City, State & Zip ORLANDO FL 32819			
	HOT 90 Daytime To	elephone number		OF STATE REDRATIONS

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:

CELESTIAL LASER LIGHT INC

ARTICLE II PRINCIPAL OFFICE

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

7127 BURNWAY DR ORLANDO FL 32819

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAUL BERTHOT TIZT BURNUAY DR ORLANDO FL 32819

ARTICLE V INCORPORATOR

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

PAUL BERTHOT TIST BURNWAY DR

Signature/Incorporator 3-16-99
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