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

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cim iect.	THE DUELLET CORPORATION (Proposed corporate name - must include suffix)	/
SUBJECT:	(Proposed corporate name - must include suffix)	

Enclosed is an origin	nal and one(1) copy of the articl	es 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

FROM: STEVEN QUEILET Name (Printed or typed)	99 A SECT TALL!
3027 NW 48 AVE Address	FILE PR 12 I HASSEE
COCONUT CLECK, Flox.dA 33063 City, State & Zip	PM 1: 43 IF STATE FLORIDA
954-806-6364 Daytime Telephone number	, •

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:
The Ouellet Corporation SIGNED
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
7027 N.W. 48 HVC
COCONUT CRECK, FLORIDA, 33063
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
STEVEN OVEILET
3027 NW 48 AUR 33063
COCONUT CXEEK, FloxidA, 33063 ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
STEVEN OVEILET
3027 NW 48 AVE
COCONUT CLEEK, FI, 33063
Stro Mellet 1/1/29
Signature/Incorporator 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 designate in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to c mply 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