TRANSMINTAL LETTER SCOTO

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

SUBJECT:	PENT,	AGAL, IN	10	
	(Proposed corpo	rate name - must include suff	îx)	- 13,
. =	. — —		50000297 -09/03/99 *****87.5	*84753 01073002 50 *****87.50
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (Pr 8802 MAG A	ALINDO inted or typed)  NOLIA COURT iddress  LORIDA 3377 State & Zip	ALLAHASSEE, FLON	FILED 99 SEP -3 AM 8: 22
		elephone number	·	,

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

749/3/81 9/3/81

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation und	ler the Flo	rido
Business Corporation Act, hereby adopts the following Articles of Incorpora	tion.	

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ARTICLE I

The name of the corporation shall be:

CHORLIANT OF STATE TALLAHASSEE, FLORIDA

PENTAGAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

MAGNOLIA COURT, SEMINOLE FLORIDA 33777

ARTICLE III SHARES

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

EIGHT HUNDRED THOUSAND 800,000 SHARES AUTHORIZED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FRANK GALINOO

8802 MAGNOLIA COURT, SEMINOLE FLORIDA

INCORPORATOR

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

GALINDO FRANK

MAGNOLIA COURT, SEMINOLE FLORIDA 8802

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

AUGUST 30, 1999