TRANSMITTAL LETTER OF COUNTY OF THE THE PARTY OF THE PART

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

600002996986---6 -09/27/99--01018--012 *****70.00 ******70.00

Enclosed is an origina	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	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Co & Certificat Status		
	•	ADDITIONAL CO		ED_1 99 99	
FROM: RICHARD CUERSKOV Name (Printed or typed) Name (Printed or typed)				SEP 27 CRETARY LAHASSE	ग ====================================
2720 5. OCKLAND FOR OR # 908 P. S. B. C. S. C. S					
	OAKLAND PK City,	PL 33709 State & Zip		IDA	
	954- 328-0 Daytime To	349 elephone number	 -		
	·		PH	9/30/5	7/

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:

Third Eye Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business shall be:

2720 So. Oakland Forest Drive, #908 Oakland Park, FL 33309

ARTICLE III SHARES

This corporation is authorized to have ten (10) shares of stock outstanding at any one time.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Richard Cherskov 2720 S. Oakland Forest Drive, #908 Oakland Park, FL 33309

ARTICLE V INCORPORATOR

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

Richard Cherskov 2720 S. Oakland Forest Drive, #908 Oakland Park, FL 33309

Signature/Incorporator

Date

Having been named as registered agent and to accept service 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 familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Data

99 SEP 27 AM II: 27 SLCHETARY OF STATE TALL AHASSEE, FLORIDA