## TRANSMITTAL LETTER

## P99000091638

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

200003014592-2 -10/14/99-01051-008 \*\*\*\*\*87.50 \*\*\*\*\*87.50\_

l 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	SURANNE Name (Pr	inted or typed)		
	2519 N	). Ocean R	lud. Apt#41,	0
	BOZA City, S	Proton f	<u>. 3343/</u>	
	<u> 561 – 4</u> Daytime Te	17-944S	99 OCT	
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## . ARTICLES OF INCORPORATION

ARTICLE I

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: Carrbon Monoxide Defector, Com Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  3519 W. OCEAN Blud. Apt. 46  Boxa Lada, FC. 3343/.
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
200
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  SUZAMPLE FINH 2519 N. OCEAN BIVD. APT 4FB. 3  Paux RAM, F1. 33431
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:  Suranne Smith 2519 N. Ocean Blud. Apt 416  Bock Rodan, Fr. 33431
Suranne Sout 10/11/99
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 statea corporation at the place designatea 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 phsition as registered agent	1
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Signature/Registered Agent	Date