

P000000066962

Attention: Carolyn Gurr
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

July 6, 2000

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-06/26/00--01116--015
*****78.75 *****78.75

Dear Ms. Gurr,

Thank you for your letter dated June 29,2000. Upon its receipt, I called your office and spoke to an associate of yours (Bobby). She confirmed that the name American Safety Source was not taken and I could therefore incorporate that name.

Given this I have enclosed the following:

- A) Your original Letter
- B) An updated version of my articles of incorporation with the Name American Safety Source (along with a copy of the old articles of incorporation)

Thank you again for all your help

Lisa Perry

If there is further need to contact me please call: Daytime (954) 741-8346
Evening: (954) 572-2824

~~_____~~ \$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

~~_____~~ \$122.50
Filing Fee
& Certificate Copy

~~_____~~ \$131.25
Filing Fee,
Certificate Copy
& Certificate

ADDITIONAL COPY REQUIRED

FILED
JUL 10 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

Name (Printed or Typed)
Lisa Perry

Address 4307 Reflection Blvd. N. Apt 102
Fort Lauderdale Florida 33351

City State & Zip

Daytime Telephone Number 954-572-2824

AD COPY

7-13-00
3



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 29, 2000

LISA PERRY
4307 REFLECTION BLVD., N., APT. 102
FT. LAUDERDALE, FL 33351

SUBJECT: SAFETY SOURCE INC.
Ref. Number: W00000016579

We have received your document for SAFETY SOURCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Gurr
Document Specialist

Letter Number: 300A00036668

ARTICLES OF INCORPORATION
OF
AMERICAN SAFETY SOURCE INC

FILED
00 JUL 10 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 AMERICAN SAFETY SOURCE INC.

ARTICLE II - PRINCIPLE OFFICE

The principal place of business and mailing address of this business shall be: 4307 Reflections Blvd North Apt. 102, Fort Lauderdale, Florida 33351

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares at no par value.

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are LISA PERRY 4307 Reflections Blvd North Apt. 102, Fort Lauderdale, Florida 33351

ARTICLE V - INCORPORATOR

The name and address of the incorporator of these Articles of incorporation are: LISA PERRY 4307 Blvd North Apt 102, Fort Lauderdale, Florida 33351

ARTICLE VI - DIRECTORS

The corporation shall have no one (1) director, and the initial director shall be: LISA PERRY 4307 Reflections Blvd North, Apt 102, Fort Lauderdale, Florida 33351

ZP
Signature of Incorporator

July 06/00
Date

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 statues 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.

ZP
Signature/Registered Agent

July 06/00
Date