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

01 AUG 30 PH 2: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	LABLITE, INC.

(Proposed corporate name - must include suffix).

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee **)** \$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

MARTIN

Name (Printed of Lyped)

Address

City, State & Zip

Daytime Telephone number

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

Martin Greenler Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 8 28 01

Registered Agent

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