

P91000022185

Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 97 MAR -5 AM 8:21  
 STATE  
 TALLAHASSEE, FLORIDA

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -03/05/97--01040--015  
 \*\*\*\*122.50 \*\*\*\*122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3/10/97  
 JD

Examiner's Initials \_\_\_\_\_

ARTICLES OF INCORPORATION  
OF  
GLOVE SAFETY SYSTEMS, INC.

THE UNDERSIGNED SUBSCRIBER(S), NATURAL PERSON(S) COMPETENT TO CONTRACT, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA AND THE FLORIDA GENERAL CORPORATION ACT, DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

FILED  
97 MAR -5 AM 8 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE ONE

THE NAME OF THE CORPORATION IS: GLOVE SAFETY SYSTEMS, INC.

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL.

ARTICLE THREE

THE GENERAL PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE : TO TRANSACT ANY LAWFUL BUSINESS FOR WHICH A CORPORATION MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT OR ENGAGE IN ANY OTHER TRADE OR BUSINESS WHICH CAN, IN THE OPINION OF THE BOARD OF DIRECTORS OF THE CORPORATION, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINESS AND TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS ONE HUNDRED (100). SUCH SHARES ARE TO CONSIST OR ONE CLASS OF STOCK ONLY AND ALL SUCH SHARES ARE WITH \$100.00 PAR VALUE.

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS : RT. 4 BOX 4167, MONTICELLO, FLA. 32344.

THE STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION IS: RT. 4 BOX 4167, MONTICELLO, FLA. 32344.

ARTICLE SIX

THE NUMBER IF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS FOUR AND THE NAME AND ADDRESS OF THE PEOPLE WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF THE SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

RONNY GREEN  
RT. 4 BOX 4167  
MONTICELLO, FLA. 32344

KERRY KNIGHT  
c/o 1105 MARSH COVE COURT  
PONTE VEDRE, FLORIDA P.Z. 32082

DAVID W. GREEN  
c/o 116 CORAL AVENUE  
TAVERNIER, FLORIDA P.Z. 33070

COLLEEN FAY GREEN  
c/o 116 CORAL AVENUE  
TAVERNIER, FLORIDA P.Z. 33070

ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS : RONNY GREEN,  
RT. 4 BOX 4167, MONTICELLO, FLORIDA 32344.

EXECUTED BY THE UNDERSIGNED AT Tallahassee THIS 28<sup>th</sup>  
DAY OF FEBRUARY, 1997, IN LEON COUNTY.

Ronny Green

STATE OF FLORIDA  
COUNTY OF LEON

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_  
DAY OF FEBRUARY 1997 BY RONNY GREEN, WHO IS PERSONALLY KNOWN  
TO ME OR WHO HAS PRODUCED A FLORIDA DRIVERS LICENSE AS  
IDENTIFICATION AND WHO DID TAKE AND OATH.

Phyllis J. Sommers  
SIGNATURE

Phyllis J. Sommers  
PRINTED NAME



PHYLLIS J. SOMMERS  
My Commission CC402505  
Expires Sep. 22, 1998  
Bonded by NFNU  
800-224-6368

NOTARY PUBLIC, STATE OF FLORIDA  
COMMISSION NUMBER:

CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT OF  
GLOVE SAFETY SYSTEMS, INC.

FILED  
97 MAR -5 AM 8 21  
TALLAHASSEE  
STATE OF FLORIDA

PURSUANT TO FLORIDA STATUTES SECTIONS 48.091 AND 607.050,  
THE FOLLOWING IS SUBMITTED: THE ABOVE CORPORATION, DESIRING  
TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS  
PRINCIPLE OFFICE AND REGISTERED MAILING ADDRESS BEING THE  
SAME AS INDICATED IN THE ARTICLES OF INCORPORATION AT RT.  
BOX 4167, MONTICELLO, FLA. 32344, AND HAS NAMED RONNY GREEN  
RESIDING AT RT. 4 BOX 4167, MONTICELLO, FLA. 32344 AS ITS  
REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS  
STATE.

STATE OF FLORIDA  
COUNTY OF LEON

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, AND BEING FAMILIAR WITH THE  
OBLIGATIONS OF THAT POSITION, I HEREBY ACCEPT TO ACT IN THIS  
CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA  
LAW IN KEEPING OPEN SAID OFFICE.

EXECUTED BY THE UNDERSIGNED AT Tallahassee ON THIS  
28<sup>th</sup> DAY OF FEBRUARY, 1997

Ronny Green  
REGISTERED AGENT

STATE OF FLORIDA  
COUNTY OF LEON

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_  
DAY OF FEBRUARY 1997 BY RONNY GREEN, WHO IS PERSONALLY KNOWN  
TO ME OR WHO HAS PRODUCED A FLORIDA DRIVERS LICENSE AS  
IDENTIFICATION AND WHO DID TAKE AN OATH.

Phyllis J. Sommers  
SIGNATURE  
Phyllis J. Sommers  
PRINTED NAME



PHYLLIS J SOMMERS  
My Commission CC402695  
Expires Sep. 22, 1998  
Bonded by NFNU  
800-224-6368

NOTARY PUBLIC, STATE OF FLORIDA  
COMMISSION NUMBER: