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# Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATES TALL WHYSEE, FLORION

## FLORIDA PROFIT CORPORATION OR P.A.

SUNDENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION OF

SUNDENT, INC.	
ARTICLE I NAME	:
The name of the corporation shall be:	ŧ
SUNDENT, INC.	<u>.</u>
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address this corporation shall be:	of
2925 S. INDIAN RIVER OF IVE	<u>i</u>
FORT PIERCE, FL 34987	<del></del>
ARTICLE III CAPITAL STOCK  The number of shares of stock that this corporation authorized to have outstanding at any one time is:	is

1000 CONE THOUSAND)

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE FLORIDA 34947 PILLU

00 JAN II AM 9: 28

SEGRETARY OF STATE

2925 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982	
ARTICLE V INCORPORATOR	
The name and street address of the incorporator to Articles of Incorporation is:	o these
GAIL NAIMO	
2925 S. INDIAN RIVER DRIVE	:
FORT PTERCE, FL. 34982	
The undersigned has executed these Articles of	

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SUNDENT, INC.	
2. The name and address of the registered a office is:  GAIL NAIMO	agent and
2925 S. INDIAN RIVER DRIVE  FORT PIERCE, FL 34982	
Signature: Xael ) de ma  Title: PRESIDENT  Date: 1/10/2000	<del></del>
HAVING BEEN NAMED AS REGISTERED AGENT AND TO SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AS APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROPER AND COMPLY STATUTES RELATING TO THE PROPER AND COMPLY PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER	ION AT THE CCEPT THE IN THIS OVISIONS ETE
Signature: Scal ) Renico	OO JAN I SECRETA