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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

FLORIDA PROFIT CORPORATION OR P.A.

NICKLO LATHING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NICKLO LATHING, INC

ARTICLE I NAME

The name of the corporation shall be:

NICKLO LATHING, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of
this corporation shall be:

2350 S.W. WOODBRIDGE STREET

PORT ST. LUCIE, FL 34953

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MICHAEL NICKLO

2350 S.W. WOODRIDGE STREET

PORT ST. LUCIE, FL 34953

ARTICLE V INCORPORATOR

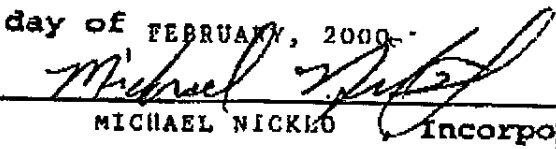
The name and street address of the incorporator to these Articles of Incorporation is:

MICHAEL NICKLO

2350 S.W. WOODRIDGE STREET

PORT ST. LUCIE, FL 34953

The undersigned has executed these Articles of
Incorporation this 21ST day of FEBRUARY, 2000.


MICHAEL NICKLO

Incorporator

**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:

NICKLO LATHING INC.

2. The name and address of the registered agent and office is:

MICHAEL NICKLO

2150 S.W. WOODRIDGE STREET

PORT ST. LUCIE, FL 34953

Signature: Michael Nicklo

Title: PRESIDENT

Date: 2/25/00

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Michael Nicklo

Date: 2/25/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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