POOD CANATA LAYER 591

(Proposed corporate name - must include suffix)

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

SEW GLO, INC

SUBJECT:

	·		000033174 -07/10/3003 *****78.75	575
losed is an origin \$70.00 Filing Fee	al and one(1) copy of the artic \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Gloria R. Brathwa Name (ADDITIONAL CO	PY REQUIRED	
	12 fallen Oak lan	,	TALL	00
	Palm Coast, FL 32137 City, State & Zip			
	(904) 447-2944 Davtime	Telephone number	F STATI	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF S TALLAHASSEE FLO	TATE

ARTICLE I NAME

The name of the corporation shall be:

Sew Glo, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12 Fallen Oak Lane Palm Coast, FL 32137

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gloria R. Brathwaite 12 Fallen Oak Lane Palm Coast, FL 32137

ARTICLE V INCORPORATOR

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

Gloria R. Brathwaite, President Irwin R. Brathwaite, Vice President

Signature/Incorporator

7/3/00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date