POOOOO 78131

| Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | 10 | เกกก335 | 35 <u>41</u> 5 |
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| | LS FAMILY C | - | | 01051006)0 *****78.00 |
| — EDR | 1 S FAMILY CO Proposed corpora s name is deal - POL CORP 20-POL CORP | | | |
| \$70.00 Filing Fee F | and one(1) copy of the article: \$78.75 Filing Fee Certificate of Status | \$ or incorporation and a second secon | \$87.50 Filing Fee, Certified Cop | |
| | | ADDITIONAL CO | Status | Ì |
| FROM: _ | | | | SE O |
| | 4492 GOLDEN | U LAKE DEI | LAHAS | FILED OD AUG I I PN 4: 2 BECRETARY OF STA |
| | SAPASOTA (City, | FL 34233 State & Zip | | PH L |
| | 941 - 929 - | 7C70 | | 22 |

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

Signature/Incorporator

| ARTICLES OF INCORPORATION | Anima Indiana |
|--|---------------------------------------|
| The undersigned incorporator, for the purpose of forming a corporation under the Florida Of Business Corporation Act, hereby adopts the following Articles of Incorporation. | |
| ARTICLE I NAME TAL The name of the corporation shall be: B&S FAMILY CORP. | CRETARY OF STATE LAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 430b MEADOWLAND CIECLE SARASOTA, FL 34233 | |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding a | t any one time is: |
| 100 | |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR. The name and Florida street address of the initial registered agent are: YOLANDA M. CZERWINGKI 4492 COLDEN LAKE DP, SARASOTA, FL 3 | |
| ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: EDWARD BUCZEK 4306 MEADOWLAND CR SAPASOTA FL 34233 | |

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

| Having been named as registered igent and to accept service of process for the above stated corporation at the profession of the appointment as registered agent and agree to act in this capacity. I further agent the provisions of all statutes registered agent complete performance of my duties, and I am familiar violity of my position as registered agent Signature/Registered Agent Date | |
|---|--|
| Signature/Registered Agent | |