POOOOO94942 TRANSMITTAL LETTER

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

900003415739—-6 -10/06/00--01058--016 *****78.75 ******78.75

SUBJECT: HTTOMATED TOOLS THE (Proposed corporate name - must include suffix)

Enclosed is an original for:	and one (1) cop	py of the articles of	incorporation and a	a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	00 OCT -6. SECRETORY TALLAHASSE	
FROM:	Autom Name 12391	e (printed or typed)	on Liv.	AM 10: 47	1
	Barita	Address Springs, F Sty, State & Zip	341 341	35	
		e Telephone number	-	• •	

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

9/10/9

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Automated Tools, INC.,

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

No PAR Common

The name and address of the initial registered agent is:

12391 JEFFELSON L Bouth Springs, FL.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-
tion is(are): Robert B. McKEE
12541 JESTESSON LN.
Bonita Springs, FL, 34135
12391 JESFESSON LN., Bonita Sprinzs, FL, 34135 221-34-0779
(PESIDENT/TRAS.)
("Emmal (mass.)
Linka M. McKEE
12391 JESFERSON LN.1
BONTA SAUTURS, FL., 34135
120-42-8834
(V.P./SECY)
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
day of October to 2000
Labert B. Mla.
Signature
Linda J. Mekel
Congriction
Signature

Articles of Incorporation Filing Fee - \$35.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Hotomated bols, INC	<u>-</u> -)	
2.	The name and address of the registered agent and office is: Control Con	00 OCT -6 AM 10: 4.7	

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)