P01000003210

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 12/01/00

P.O. Box 6327 Fallahassee, FL 32314	80003492438- -12/08/000111001 *****78.75 *****78
Re:	Innovations , Inc. (Name of Corporation)
Gentlemen:	. ·
Enclosed please find the original an check in the amount of \$78.75	nd one copy of the Articles of Incorporation, together with my
This represents the cost of the Filin Registered Agent Designation for t	he above named corporation.
	tory acry years.
	Bold 2 Start A. S. 29
	Bobby L. Gibson (Individual's Name)
	(Name of Corporation)
	MAILING ADDRESS OF CORPORATION
	P.O. Box 160
	Ocala, FL 34478
·	PHONE
•	(352) 402-2277) Area Code Number Ext.

Laurch FJAN

9 2001



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 13, 2000

BOBBY L. GIBSON P.O. BOX 160 OCALA, FL 34478

SUBJECT: INNOVATIONS, INC. Ref. Number: W00000029243

We have received your document for INNOVATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 100A00062820

ARTICLES OF INCORPORATION

of

		OI .	
	Cus	tom Innovations, Inc. (name of corporation)	
The undersigner the following article	ed acting as the incorporators s of incorporation for such co	s of a corporation under the Florida Business or or poration:	Corporation Act, adopt(s)
The name of th	e corporation is:	RTICLE I - CORPORATE NAME	TALL SE 01
	-	tom Innovations, Inc.	JAN +9
		ARTICLE II - DURATION	
This corporation	n shall exist perpetually unle	ss dissolved according to Florida law.	3: 29 SAME LORIDA
		ARTICLE III - PURPOSE	
The corporation United States and the	is organized for the purpose State of Florida.	e of engaging in any activities or business per	mitted under the laws of the
	is authorized to issue1(RTICLE IV - CAPITAL STOCK OOshares of common stock, par value \$ _ E V - INITIAL PRINCIPAL OFFICE ce and, if different, the mailing address is:	1.00 per share.
STREET ADDRESS	918 N. Magnolia	1	
	1		
CITY	Ocala	FLORIDA	ZIP 34475
Mailing addres STREET ADDRESS			
STREET ADDRESS	P.O. Box 160		
CITY	Ogala	TI OPED 4	·
	Ocala	FLORIDA	ZIP 34478
The street addre		TIAL REGISTERED OFFICE AND AGEN office and the name of the initial register	
NAME	Bobby L. Gibson		
ADDRESS	918 N. Magnolia		
CITY	Ocala	FLORIDA	ZIP 34475
	-		

NAME	Bobby L. Gibson	ı			
ADDRESS	918 N. Magnolia	Significant State Control	· · · · · · · · · · · · · · · · · · ·		
CITY	Ocala	STATE	Florida	ZIP	34475
NAME					<u></u> :
ADDRESS		·	<u> </u>	2. 3	2-2
CITY		STATE		ZIP	
AME					
ADDRESS				<u> </u>	
CITY		STATE	,	ZIP	
	ARTICLE addresses of the incorporators signing the	VIII - INCORPORA		ows:	
ne names and	addresses of the incorporators signing the	VIII - INCORPORA			
ne names and NAME ADDRESS	addresses of the incorporators signing the	VIII - INCORPORA			34475
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(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

OI JAN -9 PM 3: 29
SECRETARIOA
TATE ANNOSSEE, FLORIDA

Custom Innovations, Inc.

(name of corporation)

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)

(Date)

state.