

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

Re: INOVATIONS, Inc.

500003791495--4 -03/01/01--01080--020 ****122,50 *****78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Vefer Magy, Sr. Peter Nagy, Sr.

Inovations, Inc.

1602 Forest Dr. Sanford, FL 32771 (407) 322-1613

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SECRETARY OF STATE
ALL MASSEE, FLORIDA

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INNOVATION STANCE

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ARTICLES OF INCORPORATION

of

(name of corporation)

Inovations, Inc.

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SECRETARY OF STATE

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: Inovations, Inc. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 7500 shares of common stock, par value \$ __10 __ per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 1602 Forest Dr. ZIP 32771 Sanford . - FLORIDA CITY Mailing address, if different STREET ADDRESS ZIP **FLORIDA** CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME Peter Nagy, Sr. **ADDRESS** 1602 Forest Dr. ZIP 32771 **FLORIDA**

Sanford

CITY

ARTICLE VII - INITIAL BOARD OF DIRECTORS

| This corporation shall have <u>two</u> | _(| 2 | _) directors initially. The number of directors may | be |
|---|---------|---------|---|----|
| either increased or diminished from time to time by the | By-La | ws, but | t shall never be less than one (1). The names and | |
| addresses of the initial director(s) of the corporation are | as foll | lows: | | |

| NAME | Peter Nagy, Sr. | _ | |
|---------|------------------|----------|----------------------|
| ADDRESS | 1602 Forest Dr. | | |
| CITY | Sanford | STATE FL | ^{ZIP} 32771 |
| NAME | Peter Nagy, Jr. | | |
| ADDRESS | 833 Windtree Ct. | | |
| CITY | Sanford | STATE FL | ZIP 3277 3 |
| NAME | | | |
| ADDRESS | | - | |
| CITY | | STATE | ZIP |

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| NAME | Peter Nagy, Sr. | | | |
|---------|------------------|-------|----|-------------------|
| ADDRESS | 1602 Forest Dr. | | · | |
| CITY | Sanford | STATE | FL | ZIP 32771 |
| NAME | Peter Nagy, Jr. | _ | | |
| ADDRESS | 833 Windtree Ct. | | - | |
| CITY | Sanford | STATE | FL | ZIP 3277 3 |
| NAME | | | | |
| ADDRESS | | | - | |
| CITY | | STATE | | ZIP . |

| CITY | | STATE | ZIP | | | |
|--|----------|------------------|----------------|--|--|--|
| The undersigned incorporator(s) have executed these Articles of Incorporation this9th. | | | | | | |
| day of | February | <u>≭≸=</u> 2001. | | | | |
| | | Peter Mogy | Sv (Signature) | | | |
| | | | (Signature) | | | |
| | | Et-Ngy) | (Signature) | | | |

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | | corporation) | |
|------------------------------|----------------------------------|----------------------|----------------------------------|
| | | | |
| | Statutes Sections 48.091 a | | |
| The above corporati | ion, organized under the la | ws of the State of F | lorida with its registered offic |
| as indicated in the A | Articles of Incorporation | | |
| at | 1602 Forest Dr Sanford, FL 32 | | |
| | Sanford, FL 32 | | |
| has named | Peter Nagy, Sr | | |
| located at the afores state. | said address, as its register | ed agent to accept s | ervice of process within this |
| | , | | |
| | | | |
| | | | |
| | | | |
| Having been name | d as registered agent and to | accept service of p | process for the above stated |
| | | | cept the appointment as regis- |
| tered agent and agr | ee to act in this capacity. I | further agree to cor | mply with the provisions of al |
| | | | uties, and I am familiar with |
| | gations of my position as t | | |
| and decept the con | Parrove or and Leasure | 5 | |
| | | | |
| <i>i</i> . | 604 Sv. Sighafure) | | |

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