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FOR CORRESPONDENCE

MY HOME MAILING ADDRESS IS

Michael T. McGowan
PMB 540
478 E. Altamonte Drive Suite 108
Altamonte Springs, FL 32701

700004423017--8

-06/15/01--01085--019
*****78.75 *****78.75

MY TELEPHONE IS 407-331-8537
IT IS FORWARDED TO MY CELL PHONE WHICH
IS WITH ME AT ALL TIMES.

IF YOU WISH TO LEAVE A MESSAGE FOR ME
AN ALTERNATE PHONE # IS 407-331-8816

Thank you,

MIKE MCGOWAN

FILED
01 JUN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/6/15

ARTICLES of INCORPORATION
OF
A-BUDGET LOCKSMITH CORPORATION

The undersigned subscribers to these Articles of Incorporation natural persons competent to contract, hereby subscribes to and form a corporation for profit under the laws of the State of Florida.

FILED
01 JUN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1. NAME

The name if the corporation is :

A-BUDGET LOCKSMITH CORPORATION.

ARTICLE 2. NATURE of BUSINESS

The Corporation may engage in any activity or business permitted under the Laws of the United States and of the State of Florida.

ARTICLE 3 CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is 250 shares of Common stock, having the par value of Two (\$2.00) Dollars

ARTICLE 4 INTIAL CAPITAL

The amount of capital with which this Corporation shall begin business is Five Hundred Dollars

ARTICLE 5 TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 6 ADDRESS /MAILING ADDRESS

The principal office of this Corporation shall be and is located at 217 C Georgetown Dr. Cassellberry, Florida 32707. However; mailing address is P M B 540 East Altamonte DR. Suite 108 Altamonte Springs, Florida 32701. The Board of directors may from time to time designate such other address and place of the principal office of the Corporation as it may see fit.

ARTICLE 7 DIRECTORS

The Corporation shall have one (1) director initially, but may be increased from time to time by the Board of Director.

The one director name and address are listed as well.

NAME

ADDRESS

MICHAEL McGOWEN

217 C GEORGETOWN DR.
CASSELLBERRY, FLORIDA 32707

ARTICLES 8 SUBSCRIBERS

The subscriber to these Articles of Incorporation are the person named above to serve as a Board of Director of the Corporation.

The name of subscriber and his respective address is more particularly set forth in Article 7 above.

ARTICLE 9 EFFECTIVE DATE

These Articles of Incorporation shall be effective upon their having been properly filed with and accepted by the Secretary of State of Florida.

IN WITNESS WHEREOF; I have hereunto set forth my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, This-----
day of June 6 2001


MICHAEL McGOWEN

STATE OF FLORIDA
COUNTY OF SEMINOLE

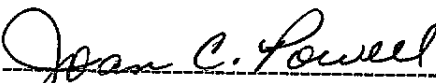
Before me personally appeared MICHAEL McGOWEN who is well known to me, and known to me to be the individual described in and who executed the foregoing Articles of Incorporation and acknowledged before me that he executed the same for the purpose therein expressed.

Witness my hand and official seal in the County and State named above this -----6-12-01
day of JUNE 6 2001.

MY COMMISSION EXPIRES:

Joan C. Powell
(Print, Type, or Stamp Commission Name of Notary Public)

Personally Known ☐ OR Produced Identification ☒
Type of I. D. Produced Florida Drivers License


Notary Public State of Florida

CERTIFICATE OF DESIGNATION



Joan C. Powell
MY COMMISSION # CC762115 EXPIRES
August 7, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

REGISTERED AGENT/REGISTERED OFFICE

Persuant to the provisions of sections 607.0501, 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.

1. The name of the Corporation is:

A-BUDGET LOCKSMITH CORPORATION.

2. The name and address of the registered agent and office is:

MICHAEL McGOWAN

217 C GEORGETOWN DR.

CASSELLBERRY, FLORIDA 32707

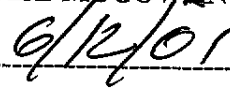
HOWEVER MAILING ADDRESS IS:

P M B 540 478 EAST ALTAMONTE DR SUITE 108
ALTAMONTE SPRINGS, FL. 32701

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATE 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.


MICHAEL MCGOWAN

DATE



FILED
01 JUN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA