010000 98859

DATE

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

10/01/01

Re:	Stream	m Line Designs		. Inc.	
		(Name of Corporation)		, , , , , , , , , , , , , , , ,	
	•				

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

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.

500004630165--6 -10/10/01--01051--006 ******78.75 ******78.75 Sean J. Nelson

Stream Line Design, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION —
P.O. Box 160
Ocala, FL. 34478
PHONE —
(352) 732-2259 Area Code Number Ext.

ARTICLES OF INCORPORATION

of

Stream Line Designs, Lice

(name of corporation)

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:

The name of the corporation is:

Stream Line Designs, 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 1,500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	3675 NE 36th Aven	ue, Suite #A	
CITY	Ocala	FLORIDA	ZIP 34479
Mailing address,	if different		
STREET ADDRESS	P.O. Box 160		
CITY	Ocala	FLORIDA	ZIP 34478

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	Dennis R. Ehma	ann	
ADDRESS	3675 NE 36th	Avenue, Suite #A	
CITY	Ocala	FLORIDA	ZIP 34479

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ____three (___3___) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Sean J. Nelson				· · · · · · · · · · · · · · · · · · ·
ADDRESS	3675 NE 36th Avenue, Suite #A	-	·	- 	-
CITY	Ocala	STATE	Florida	ZIP	34479
NAME	Dennis R. Ehmann		-		-
ADDRESS	3675 NE 36th Avenue, Suite #A				·
CITY	Ocala	STATE	Florida	ZIP	34479
NAME	Roger J. Nelson				
ADDRESS	3675 NE 36th Avenue, Suite #A		<u></u>		
CITY	Ocala	STATE	Florida	ZIP	34479

ARTICLE VIII - INCORPORATORS

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

NAME	Sean J. Nelson				
ADDRESS	3675 NE 36th Avenue, Suite #A				
CITY	Ocala	STATE	Florida	ZIP	34479
NAME	Dennis R. Ehmann				
ADDRESS	3675 NE 36th Avenue, Suite #A				
CITY	Ocala	STATE			34479
NAME	Roger J. Nelson		·		<u> </u>
ADDRESS	3675 NE 36th Avenue, Suite #A				
CITY	Ocala	STATE	Florida		34479

(Signature)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

		9
	Stream Line Designs, Inc.	01 007 10
	(name of corporation)	7 0
		强 8:07
Pursuant to Fl	Torida Statutes Sections 48.091 and 607.0501, the following is submitted:	
The above con	erporation, organized under the laws of the State of Florida with its register	ed office
as indicated in	n the Articles of Incorporation 3675 NE 36th Avenue, Suite #A	
	Ocala, FL. 34479	
has named	Dennis R. Ehmann	
located at the	aforesaid address, as its registered agent to accept service of process within	in this
state.		
	•	
•	named as registered agent and to accept service of process for the above st	
-	t the place designated in this certificate, I hereby accept the appointment as	_
•	nd agree to act in this capacity. I further agree to comply with the provision	
	ng to the proper and complete performance of my duties, and I am familiar	with
and accept the	e obligations of my position as registered agent.	
De	10-5-01	
	(Signature) (Date)	