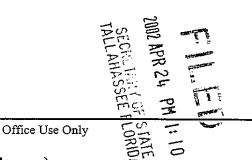
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Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734 Kathi or Brent



CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1 Azan International	/u a -		
1. Azon International, / (Corporation Name)	(Document #)		
2.			
(Corporation Name)	(Document #)		
2	7000053370873		
3. (Corporation Name)			
	<u> </u>		
4(Corporation Name)	(Document #)		
(corporation runne)	(Socialism II)		
☑ Walk in ☐ Pick up time _	4/24 Gertified Copy		
□ Mail Out □ Will wait	□ Photocopy □ Certificate of Status		
NEW FILINGS	<u>AMENDMENTS</u>		
Profit	□ Amendment □ □ Amendment □ □ Amendment □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
□ Not for Profit	☐ Resignation of R.A., Officer/Director >		
□ Limited Liability			
□ Domestication	☐ Change of Registered Agent ☐ Dissolution/Withdrawal ☐ Merger ☐ Merger		
□ Other	□ Merger		
OMITED EXTENDED			
OTHER FILINGS			
□ Annual Report	□ Foreign		
□ Fictitious Name	□ Limited Partnership		
	□ Reinstatement		
	□ Trademark		
	□ Other		
	Examiner's Initials		
CR2E031(7/97)	THEHOA		

ARTICLES OF INCORPORATION

of

2002 APR 24 PM 1: 10

SECRETARY OF STATE TALLAHASSEE FLORIDA

AZON INTERNATIONAL, INC.

The undersigned, acting as Incorporators, desiring to form a corporation for profit pursuant to the Florida Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

### ARTICLE I NAME

The name of this corporation is AZON INTERNATIONAL INC.

## ARTICLE II ADDRESS OF PRINCIPAL OFFICE

The principal office and street address of this corporation is 815 Orienta Avenue, #2, Altamonte Springs, Florida 32701-5600.

## ARTICLE III CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of capital stock, which shall be designated Common Shares with no par value.

## ARTICLE IV INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 815 Orienta Avenue, #2, Altamonte Springs, Florida 32701-5600, and the name of the initial registered agent of this corporation at that address is Keith Lehmann.

# ARTICLE V INITIAL BOARD OF DIRECTORS

A. This corporation shall have one (1) director initially.

B. The names and addresses of the initial members of the Board of Directors who shall hold office until their successors are duly elected and have qualified are:

Name

Address

Keith Lehmann

815 Orienta Avenue, #2

Altamonte Springs, Florida 32701-5600.

### ARTICLE VI INCORPORATORS

The name and address of the Incorporators of this corporation are:

Name

Address

Keith Lehmann

815 Orienta Avenue, #2

Altamonte Springs, Florida 32701-5600.

# ARTICLE VII INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by the Florida Business Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles on this \_\_/6\_ day of April, 2002.

Keith Lehmann Incorporator

K:\Clients\Azon International\ARTICLES (no par).doc

# 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:		AZON INTERNATIONAL, INC.	
2.	The name	and address of the register	red agent and office is:	
2.	The name and address of the registered agent and office is:  Keith Lehmann		2007 SE	
			(Name)	2002 APR 24 SECRETAR TALLAHASS
		815 O	rienta Avenue, #2	24 ASSE
		(P. O. 1	Box <u>not</u> acceptable)	
		Altamonte Spr	rings, Florida 32701-5600	I: 10 STATE ORID
		(C	ity/State/Zip)	— IDA ITE O I

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)