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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

June 25, 2002

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

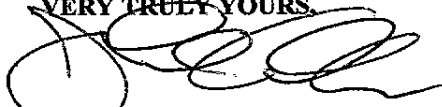
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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Subject: ICON FIRST AID AND SAFETY, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and Certificate of Designation  
Registered Agent and Registered Office, and a check for \$70.00.

From: **JOHN D. CUELLAR**  
**PO BOX 451885**  
**SUNRISE, FL 33345-1885**  
**TELEPHONE: (954) 290-3387**

VERY TRULY YOURS,



**JOHN D. CUELLAR**

D. WHITE JUN 14 2002 4

**ARTICLES OF INCORPORATION**

**OF**

**ICON FIRST AID AND SAFETY, INC.**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act does hereby adopt the following Articles of Incorporation:

**ARTICLE ONE**

**NAME OF CORPORATION**

The name of the corporation is **ICON FIRST AID AND SAFETY, INC.**

**ARTICLE TWO**

**PRINCIPAL OFFICE**

The principal office of the corporation will be 10245 NW 53<sup>RD</sup> STREET, SUNRISE, FLORIDA 33351.

**ARTICLE THREE**

**PURPOSE**

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

**ARTICLE FOUR**

**INITIAL CAPITAL**

The amount of initial capital with which this corporation shall begin business shall be five hundred ( \$500 ) dollars.

**ARTICLE FIVE**

**SHARES**

The aggregate number of shares which the corporation has authority to issue is 5,000 shares, all of which shall be common shares and shall have a par value of one ( \$1.00 ) dollar.

**ARTICLE SIX**

**TERM OF EXISTENCE**

The duration of this corporation is perpetual.

**ARTICLE SEVEN**

**INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is **JOHN D. CUELLAR**. The street address of the initial registered office is **10243 NW 53<sup>RD</sup> STREET, SUNRISE, FLORIDA 33351**.

**ARTICLE EIGHT**

**INCORPORATORS**

The name and address of the incorporators are:


**NAME**

**ADDRESS**

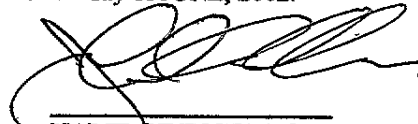
**JOHN D. CUELLAR**

**PO BOX 451885  
SUNRISE, FLORIDA 33345-1885**

In witness whereof, I have hereunto set my hand and seal this 25<sup>th</sup> day of JUNE, 2002.

  
Janet L. Arena  
My Commission CC785222  
Expires October 22, 2002



  
\_\_\_\_\_  
**NAME OF INCORPORATOR.**

\_\_\_\_\_  
**2<sup>ND</sup> NAME OF INCORPORATOR**

**CERTIFICATE OF DESIGNATION OF**

**FILED**

**REGISTERED AGENT AND REGISTERED OFFICE** 02 JUN 14 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organizing under the laws of the State of Florida, submits the following statement in designating the registered agent /registered office in the State of Florida.

1. The name of the corporation is: **ICON FIRST AID AND SAFETY, INC.**

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

**JOHN D. CUELLAR  
10245 NW 53<sup>RD</sup> STREET  
SUNRISE, FLORIDA 33351**

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.

  
**JOHN D. CUELLAR  
REGISTERED AGENT**

June 12, 2002  
**DATE**