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AUDREY SUE MILTON, ESQUIRE POST OFFICE BOX 61086 FORT MYERS, FLORIDA 33906 239 277-9955

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SECHETATY OF STATE TALLAHASSEE, FLORIDA

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Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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TRANSMITTAL LETTER

SUBJECT: WHEEL-LITES INC.

Enclosed please find an original and one (1) copy of the Articles of Incorporation and Designated Registered Agent acceptance for the above corporation and check in the amount of \$78.75 for filing in the above corporation. Please return a certified copy to me at the above address

FROM: AUDREY SUE MILTON, ATTORNEY AT LAW

POST OFFICE BOX 61086

Fort Myers, Florida 33906

You are not atthorized to make any changes. In the event you should have any questions please feel free to contact me at the above address and/or telephone number.

very truly yours,

Aurey Sue Milton, Esquire

ASM/ac

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SEGNET OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FOR

WHEEL- LITES, INC.

We, the undersigned incorporator, for the purpose of forming a corporation under the provisions of Chapter 607, Florida Statutes, Florida Business Corporation Act effective July 1, 1990, do hereby make, execute and adopt the following articles of Incorporation to-wit:

#### ARTICLE I NAME

The name assumed by this corporation and by which it shall be known in law EFFECTIVE SEPTEMBER 24, 2002 is

WHEEL- LITES, INC.

#### ARTICLE II PRINCIPAL OFFICE

- 1. The principal place of business and mailing address of this corporation shall be shall be 143 CORAL DRIVE, FORT MYERS, FLORIDA 33905 in the city of Fort Myers, county of Lee, and State of Florida.
- The address of the initial registered office is 143 CORAL DRIVE, Fort Myers, Florida 33905.
- 3. The mailing address of the registered office is the same as above.
- 4. The name of the registered agent at the registered office is TAMI SIMS FARRELL.

#### ARTICLE III DURATION

The time for which the corporation shall be created shall be perpetual.

ARTICLE IV PURPOSE

The purpose for which the corporation is organized is for the any lawful purpose under the laws of the State of Florida.

### ARTICLE V CAPITAL STOCK

There shall be one class of capital stock known as "common stock" and the number of shares of common stock that this corporation is authorized to have outstanding at any one time is: \*\*ONE THOUSAND\*\*Shares of common stock zero par value.

#### ARTICLE VI INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is:

TAMI SIMS FARRELL 143 C**9**RAL DRIVE Fort Myers, Florida 33905.

#### ARTICLE VII INITIAL DIRECTORS

The names and street addresses of the initial Directors are:

TAMI SIMS FARRELL 143 CORAL DRIVE Fort Myers, Florida 33905

SCOTT SIMS 143 CORAL dRIVE Fort Myers, Florida 33905

IN WITNESS WHEREOF, we, the parties hereby associating, for the purpose of giving legal effect to these articles hereunto sign our names and places'of residence: Done at the Fort Myers, county of Lee and State of Florida, this 24TH day of SEPTEMBER, 2002.

143 CORAL DRIVE

Fort Myers, Florida 33905

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## SECNE TO STATE TALLAHASSEE, FLORIDA

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 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, in the state of Florida.

- The name of the corporations is: WHEEL- LITES, INC.
- The name and address of the registered agent and office is

TAMI SIMS FARRELL 143 Coral Drive FORT MYERS, FLORIDA 33905	— <sub>—</sub>		
SI	GNATURE /	nd the	Starrell
	TITLE E	RESIDENT Jecre	orate officer)
,	DATE	September 24,	2002

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