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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

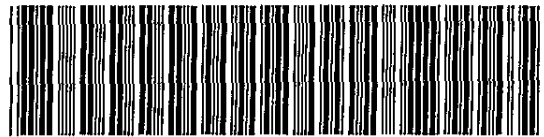
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

01/10/01

MAXWELL & HOLLISTER TAX AND ACCOUNTING, INC.

Ron Maxwell, EA

Mary Maxwell, EA

David J. Hollister

410 - 43rd St. W., Suite H

941-747-8100

Bradenton, FL 34209

Fax 941-747-9138

December 5, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Incorporation of PM Sculpture Lighting, Inc.

Dear Sir or Madam:

Please file the enclosed Articles of Incorporation for the above referenced corporation. I have also enclosed a check in the amount of \$ 87.50 which is for the following :

\$ 35.00 Filing Fee
8.75 Certified Copy of Articles of Incorporation
35.00 Registered Agent
8.75 Certificate of Status

\$ 87.50 Total

If there are any questions please call me at 941-747-8100.
Thank you for your attention to this matter.

Sincerely,



David J. Hollister

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
PM SCULPTURE LIGHTING, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

NAME

The name of the corporation is PM SCULPTURE LIGHTING, INC

ARTICLE TWO

PRINCIPAL OFFICE

The street address of the principal place of business is:

36302 Singletary Rd
Myakka City, FL 34251

The mailing address is:

PO Box 301
Myakka City, FL 34251

ARTICLE THREE

PURPOSE

The purpose for which the corporation is organized is to conduct the business of sales of lighting fixtures and accessories.

ARTICLE FOUR

CAPITAL STOCK

The aggregate number of shares that the corporation has authority to issue is One Hundred (100), all of which will be common shares with par value of One Dollar (\$1.00) per share.

ARTICLE FIVE

INITIAL OFFICERS/DIRECTORS

The initial board of directors/officers of the corporation shall consist of 2 members.

The name and address of the first board of directors/officers :

NAME	ADDRESS
Marco Peters President Secretary	PO Box 301 Myakka City, FL 34251
Phillip Peters Vice President Treasurer	PO Box 301 Myakka City, FL 34251

ARTICLE SIX

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Phillip Peters	36302 Singletary Rd Myakka City, FL 34251
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ARTICLE SEVEN

INCORPORATORS

The name and address of the incorporators are:

NAME	ADDRESS
Phillip Peters	PO Box 301 Myakka City, FL 34251

**CERTIFICATE DESIGNATING
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.

1. The name of the corporation is: _____
PM SCULPTURE LIGHTING, INC.

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

36302 Singletary Rd

Myakka City, FL 34251

Signature _____

(corporate officer)

Title

VICE President

Date

12/05/02

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 and agree to the act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature _____

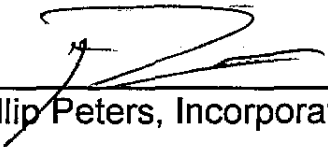
(registered agent)

Date

12/05/02

IN WITNESS WHEREOF, I have subscribed my name this

5th 12/05/02 day of December, 2002.


Phillip Peters, Incorporator

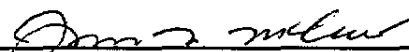
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF FLORIDA)
COUNTY OF MANATEE)

On this 5th day of December, 2002, before me, the
undersigned officer, personally appeared PHILLIP PETERS
known to me to be the person whose name is subscribed to the
instrument within or has produced _____, and
acknowledged they executed the same for the purposes contained
therein.

IN WITNESS WHEREOF, I hereunto set my hand and official
seal.




Notary Public
State of Florida
My commission expires: