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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number :

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From:

Account Name : HUBCO

Account Number: 104662003400
Phone: (516)935-3940

Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Know No Limits Inc.

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Know No Limits Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Know No Limits Inc.

4813 Coachmans Drive Orlando, FL 32812

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Irene Bachtis 4813 Coachmans Drive Orlando, FL 32812

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Irene Bachtis - 4813 Coachmans Drive, Orlando, FL 32812 - President John Stumpf - 4813 Coachmans Drive, Orlando, FL 32812 - Secretary

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Irene Bachtis - 4813 Coachmans Drive, Orlando, FL 32812 John Stumpf - 4813 Coachmans Drive, Orlando, FL 32812

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of <u>October</u> 2003.

Irene Bachtis - Signature

Jol July

CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporat	ion is: Know No Limits Inc.	
2. The name and address of th	e registered agent and office is:	
	Irene Bachtis	
	Name	
	4813 Coachmans Drive	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Orlando, FI 32812 (City / State / Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Irene Bachtis
SIGNATURE

October 22, 2003

(Date)