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SECRETARY OF STATE
TALLANGESFEL TERRIDA

m 12/22

TRANSMITTAL LETTER

20-2003463

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

SUBJECT: MEDAL	WORKS ENTERPRISES, INC.		
Enclosed are an orio	(PROPOSED CORPORA	icles of incorporation and	
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: LLC	OYD J. MEDAL	(Printed or typed)	
<u>:</u>	9218 CEDAR WAXWING DRIVE	•• •	<u></u>
5	SUN LAKES ARIZONA 85248 City	, State & Zip	
<u>. t</u>	(480) 4955658 797-306 Daytime	7 480-797	-2767

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

04 DEC 20 PM 1: 22

MEDAL WORKS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1401 SW 53RD LANE CAPE CORAL FLORIDA 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To design and to sell small hardware items, tools and implements, and to perform any other lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TAMES MEDAL PRES. 14018W 53RD LANE, CAPE CORAL, FL 33914

LLOYD MEDAL V.P. 9318 E CEDAR WAXWING DR, SUN LAKES, AZ

88848

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES MEDAL 1401 SW 53RD LANE CAPE CORAL, FLORIDA 33914

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LLOYD J. MEDAL 9218 CEDAR WAXWING DRIVE SUN LAKES, ARIZONA 85248

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Signature/Incorporator

Sertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Date

| Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Dat