

Page 1 of 1 05 OCT -6 AM //: 05

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Division of Corporations

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Brace Yourself Systems Inc.

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ARTICLES OF INCORPORATION

05 OCT -6 AMII: 06

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:

Brace Yourself Systems Inc.

ARTICLE II PRINCIPAL OFFICE

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

Brace Yourself Systems Inc. 1954 Goldenrod Street Sarasota, FL 34239

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:

Linda McGuire 1954 Goldenrod Street Sarasota, FL 34239

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-518-935-3940

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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):

Robert Watts - President 1954 Goldenrod Street Sarasota, FL 34239

ARTICLES VI INCORPORATOR(S)

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

Robert Watts 1954 Goldenrod Street Sarasota, FL 34239

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

6th day of October 2005.

Robert Watts - Signature

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.

The name and address of the registered ag		
	Linda McGuire	
	Name	
	1954 Goldenrod Street	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Sarasota, FL 34239	
	(City / State / Zip)	
	C	
	DCT -6	SECRETARY
relating to the proper and complete perfo	rmance of my duties, and am familiar with and accept the gent.	SECRETARY SOLOHI.

SIGNATURE

(Date)