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TALLASSISTES FLORIDA

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# TRANSMITTAL LETTER

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

SUBJECT:AMI	AMERICAN GLOVE AND SAFETY SUPPLY INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for:	
D 650 00	D 000 00			
\$70.00	\$78.75	<b>№</b> \$78.75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
	,		& Certificate of	
	·		Status	
		ADDITIONAL CO	PY REQUIRED	
	L			
EDOM.				
FROM: <u>DEBORAH A. KENNY</u> Name (Printed or typed)				
realise (1 times of types)				
P.O.BOX 13 Address				
Addiess				
BUSHNELL, FLORIDA 33513				
City, State & Zip				
352-568-2399				
Daytime Telephone number				

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)

## ARTICLE I NAME

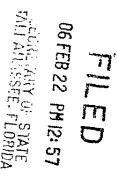
The name of the corporation shall be:

AMERICAN GLOVE AND SAFETY SUPPLY INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O.BOX 598 SUMTERVILLE, FLORIDA 33585



### ARTICLE III \_ PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO ENGAGE IN ALL ASPECTS OF BUYING AND SELLING OF MERCHANDISE. THE CORPORATION SHALL FURTHER HAVE UNLIMITED POWER TO ENGAGE IN AND DO ANY

ARTICLE IV SHARES
The number of shares of stock is:

LAWFUL ACT CONCERNING ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE ORGANIZED.

1,000 \$1 PAR VALUE

# ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s), address(es) and title(s):

DEBORAKA.KENNY PRESIDENT-TREASURER P.O.BOX 13 BUSHNELL, FLORIDA 33513

#### ARTICLE VI REGISTERED AGENT

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

DEBORAHAKENNY 1044 C.R. 542 E

BUSHNELL, FLORIDA 33513

#### ARTICLE VII INCORPORATOR

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

DEBORAHAKENNY P.O.BOX 13

BUSHNELL, FLORIDA 33513

certificate, I am familiar with and accept the appointment as registered agent and ag	ree to act in this capacity
Deborah a Kenny	02/17/06
Signature/Registered Agent	Date
Deborah a Kenny	_02/17/06
Signature/Incorporator /	Date