

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6381

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Lambar of Company of Company

Account Name : LAZARUS CORPORATE ETLING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305) 220-1440

B JAN 29 PM 1: 00
SECRETARY OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION

PRECISION GATES INC.

Certificate of Status	0
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FROM : LAZARUS

FAX NO. :3052201440

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

PRECISION GATES INC

ARTICLE II - PRINCIPAL OFFICE

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

2010 W 8ct-Hialeatt, F/4 33010

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OARLOS S. Aloma 2710 W 8ct Hialeat, P/A-33010

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SECRETARY OF STATE

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is:

JARIOS S. AlomA'

2210 W 8cT Hialeat, F/A. 33010

The undersigned incorporator has executed these Articles of

incorporation this 29 day of

ARTICLE VI - DIRECTOR(S)

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

CARIOS S. AlomA Pres.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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