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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

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DIVISION OF CORPORATION

*CLD 12251*

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ARTISTIC REPLACEMENT TECHNOLOGIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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*MRS 10/3*

**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:

ARTISTIC REPLACEMENT TECHNOLOGIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

3644 B. SOUTH WESTSHORE BOULEVARD, TAMPA, FL 33629

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CAROLINE SCOTT (P/S/T)  
1708 LORI DRIVE  
CLEARWATER, FL 33759

**ARTICLE VI REGISTERED AGENT**

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

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

By:

*Carina L. Dunlap*

Carina L. Dunlap  
Asst. Vice President

Signature/Registered Agent

*Carina L. Dunlap*

Signature/Incorporator

*10/2/08*

Date

*10/2/08*

Date

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