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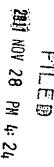
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Eddiness Effect, Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

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

| SUBJECT: Protection Screens, Inc. | | |
|--|---|---|
| (PROPOSED CORPORA' | TE NAME – <u>MUST INC</u> | LÜDE SÜFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | nd a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED |
| | <u> </u> | |
| FROM: <u>Carol M. Bast</u> Name | (Printed or typed) | |
| 310 W. Reading Way | Address | |
| Winter Park, FL 32789-6054 City, | State & Zip | |
| 407 924 4220 Daytime To | elephone number | |
| carol.bast@ucf.edu E-mail address: (to be used | for future annual repor | t notification) |

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I The name of the corp | IAME Protection Screens, II oration shall be: | nc. | | | | | |
|--------------------------------|---|----------------|--------------------|---------------------------------------|------------------------------------|----------|---------------|
| ARTICLE II P | PRINCIPAL OFFICE | | | | | | |
| | Principal street address | | | address, if diff | erent is: | | |
| 310 | W. Reading Way | | | | | | |
| Wir | nter Park, FL 32789-6054 | | | | | | |
| ARTICLE III P | URPOSE | | | ÷ | 254 | | |
| The purpose for whi | ch the corporation is organized is: | | | 7 | | 堙 | |
| | | | | | | NON | |
| Any and all law | ful business. | | | | 40 | V 2 | |
| | | | | | 777-K | œ | ्रा विद्या |
| | | | | | المارد) المارد المارد المارد | 3 | |
| ARTICLE IV S | | | | | 375 | ÷ | |
| The number of shares | of stock is: | | | • | | 2 | |
| ARTICLE V I | NITIAL OFFICERS AND/OR DIRECT | TORS | | | | - | |
| | Carol M. Bast, P. S. TR, Directo | r Name | and Title: | | | | |
| Address: | 310 W. Reading Way Winter Park, FL 32789 | Addre | ess: | | | <u> </u> | |
| | winter Park, FL 32/89 | | | | | | |
| N 4 TW. | | | | | | | |
| Address: | o: | Name Addre | e and Title: | | | | |
| r radi osoi | | / tuur | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | |
| Name and Title | ə: <u> </u> | Name | and Title: | | | | |
| Address: | | Addre | ess: | | | | |
| | | | | | _ | | |
| | | | | | | | |
| | <u>EGISTERED AGENT</u> <u>la street address</u> (P.O. Box NOT acceptable | a) of the regi | stared agent is: | | | | |
| Name: | Carol M. Bast | e) of the regi | stered agent is. | | | | |
| Address: | 310 W. Reading Way Winter Park, FL 32789 | | | | | | |
| | Winter Park, FL 32789 | | | | | | |
| ARTICLE VII I | NCORPORATOR | | | | | | |
| | ess of the Incorporator is: | | | | | | |
| Name: Address: | Carol M. Bast | | | | | | |
| Address. | 310 W. Reading Way Winter Park, FL 32789 | | | | | | |
| Havina haan namad | as registered agent to accept service of pro | ocass for tha | o ahoua statad com | noration at the | o nlaco d | ociona | tod is |
| | familiar with and accept the appointment as | | | | | co.g.m | |
| (ml | . H. grt | | | | | | |
| | | | | Noven | nber 23 | 3, 20 | 11 |
| | Required Signature/Registered Agent | | | | Date | | |
| | ent and affirm that the facts stated herein | | | | ation su | bmitte | d in a |
| document to the Dep | artment of State constitutes a third degree fe | | | | | | |
| Correl | M. Brot | | | Novo | mbor C | 2 20 | 111 |
| | Required Signature/Incorporator | | | INOVE | mber 2 | | <u>, 1 [</u> |