

P95000000362

Jeannette M. Killilea
Accountant
216 15th Ave SW
Largo, FL 34640
Thank You

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01/03/95 - 01/11/95
*****20.00 *****20.00

OFFICE USE ONLY

95 JAN -3 11:10:03
FLORIDA STATE
CORPORATION
COMMISSION

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

1-4
KAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
M. GIERLACH, INC.

95 JAN -3 AM 10:03

ARTICLE ONE

THE NAME OF THE CORPORATION IS M. GIERLACH, INC.

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL.

ARTICLE THREE

THE NATURE OF THE BUSINESS AND THE OBJECTIVES AND PURPOSES
PROPOSED TO BE TRANSACTED, PROMOTED, AND CARRIED ON, ARE TO ENGAGE
IN ANY LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED
UNDER THE FLORIDA GENERAL CORPORATION ACT.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED
TO ISSUE IS FIVE HUNDRED (500) SHARES OF \$.50 PER SHARE PER VALUE
COMMON.

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE
OF THE CORPORATION IS 1138 CALVARY ROAD, HOLIDAY, FLORIDA, 34691.

ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF
DIRECTORS IS:

NAME	ADDRESS
MARK D. GIERLACH	1138 CALVARY ROAD HOLIDAY, FLORIDA 34691

ARTICLE SEVEN

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS: MARK D.GIERLACH, 1138 CALVARY ROAD, HOLIDAY, FLORIDA, 34691.

IN WITNESS WHEREOF, THE UNDERSIGNED HAS HEREUNTO SET HIS HAND ON THIS 27 DAY OF, December 1994.

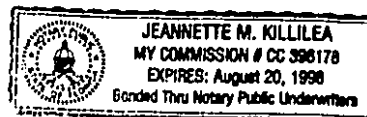
Mark D. Gierlach
INCORPORATOR

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27 DAY OF December 1994 BY MARK D.GIERLACH.

Jeannette M. Killilea
NOTARY PUBLIC



MY COMMISSION EXPIRES: _____

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT, M. GIERLACH, INC. DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION, IN THE CITY OF HOLIDAY, STATE OF FLORIDA, HAS NAMED MARK D. GIERLACH, 1138 CALVARY ROAD, CITY OF HOLIDAY, FLORIDA 34691, COUNTY OF PINELLAS, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITH THE STATE.

ACKNOWLEDGEMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

BY:

Mark D. Gierlach
REGISTERED AGENT

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Mail this card to all people, businesses and publications who send you mail. For publications, tape an old address label over name and old address sections and complete new address. **COMPLETE ADDRESS PORTION ON FRONT OF FORM WITH Name, Street Address, City, State and ZIP Code of individual or business to whom you are relaying this card.**

Your Name	Print or Type—Last Name, First Name, Middle Initial <i>M. Gierlach INC.</i>				
Old Address	No. and Street <i>1138 Calvary Rd.</i>	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State <i>Holiday Fl. 32641</i>	ZIP + 4 Code <i>34691-1111</i>			
New Address	No. and Street <i>4003 Westshore</i>	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State <i>Tampa Fl.</i>	ZIP + 4 Code <i>33611-1111</i>			
Sign Here	Signature <i>W.D. Bill</i>	Date new address in effect <i>5/27/95</i>		Keyline No. (if any)	

PS FORM 3576 11/92

RECEIVER Be sure to record the above new address in your address book at home or office

*Jw
6-16-95*