CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET FALLAHASSET, FL 12401 904-222-9170 904-222-0191 FAX

800-342-8086 95 JAN 17 AHII: 19

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DIVISION OF CORPORATION

MAIL TO: P.O. Box 5820 TALIAHASSEL, FL. 12314

ACCOUNT NO. : 0721000000032

REFERENCE : 525395

AUTHORIZATION :

COST LIMIT : 9 122.50

ORDER DATE : January 13, 1995

ORDER TIME: 1:03 PM

300001381753

ORDER NO. : 525395

CUSTOMER NO: 80586A

CUSTOMER: Ms. Jan Ricker

LAWRENCE M. HANKIN, ESQ

2033 Main Street, Suite 400 Sarasota, FL 34237

DOMESTIC FILING

NAME:

S I K CORPORATION OF SARASOTA

95000004447

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

1-18 15



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

January 8, 1995

with the secretary of State

CORPORATION INFORMATION SERVICES INC.

1201 HAYS ST.

TALLAHASSEE, FL 32301

SUBJECT: S I K CORPORATION Ref. Number: W95000001190

We have received your document for S I K CORPORATION and the authorization to debit your account in the amount of \$122.50. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6930.

Tim Murphy Corporate Specialist

Letter Number: 095A00001954

FILED

95 JAN 17 FILED

ARTICLES OF INCORPORATION TALLAMASS

OF

S I K CORPORATION OF SARASOTA

The undersigned incorporator hereby fo. is a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

S I K CORPORATION OF SARASOTA

The address of the principal office of this corporation shall be 2033 Main Street, Suite 400, Sarasota, Florida 34237, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Mays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporat in Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

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

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on January 16, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Sour Dhead,

Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED THE SAME OF THE SAME OF

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

CMV/jwk

COMPORATION IN EL 30000000 SERVICES, INC. 1201 HAYS STREET TARLAHASSUL, LL I 901-222-9171 904-227-035 L TA

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Man 1o P.O. Box 5020 TAUTAHASSEL, LT. 12 REE

ACCOUNT NO. 1 07:1000000032

REFERENCE : 525305 80586A

AUTHORIZATION 4

ORDER DATE : January 13, 1995.

ORDER TIME : 12:49 PM

OROER NO. : 525395

CUSTOMER NO:

80586A

CUSTOMER: Ma. Jan Ricker

Lawrence M. Hankin, Eug

2033 Main Street, Suite 400

Seradota, FL 34237

CHANGE OF AGENT

NAME: S I K CORPORATION OF SARASOTA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: CAROL HER.A.

and the strain strains of

Charter No	. <u>1950000</u> 0)444	7
Date Filed	January	17.	1995

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida

the purpose of changing its regi	istered office and registered agent in the State of F	lorida.
1. The name of the corporation	is: S I K CORPORATION OF SARASOTA	Minimum 1971
2. The name and address of its	-	95 F
COR	PORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301	FEB 10 CRE FAIR
3. The name and street address	to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)	PH III
	LAWRENCE M. HANKIN, ESQ.	25
	2033 Main Street, Suite 400	
	Saranota, FL 34236	
agent, as changed, are identifi	by resolution duly adopted by its board of director by the board of directors.	rs or by an officer of
ACCEPT THE APPOINTMENT AS THER AGREE TO COMPLY WIT AND COMPLETE PERFORMAN OBLIGATION OF MY POSITIO STATUTES. Please Print/Type Name LAWREN Gignature (Ager	GISTERED AGENT AND TO ACCEPT SERVICE OF AT THE PLACE DESIGNATED IN THIS CER'S REGISTERED AGENT AND AGREE TO ACT IN THE PROVISIONS OF ALL STATUTES RELATICE OF MY DUTIES. AND I AM FAMILIAR WITTON AS REGISTERED AGENT UNDER SECTION CE M. HANKIN, ESQ.	TIFICATE, I HEREBY HIS CAPACITY, I FUR- TIVE TO THE PROPER
Date 48/73	FILING FEE \$35	
CIS 4/92		