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

80000013:7418 -01/24/95--010.6--012 *****70.00 *****70.00

Enclosed is an for \$70	original and one (1) copy of the articles of incorporation and our check
FROM:	Name (printed or typed)
	7061 5 Tumina. Tout Suite 110
	Suradola El 34231
	City, State, & Zip
	(813) 925-2099
	Telephone Number

SUBJECT: INO Custom To long the (proposed corporate name)

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

QE	
INO Custom Tooling line	
The undersigned incorpora. *(s), for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopt(s) the following Articles of Incortion.	r the pora-
ARTICLE I NAME	
The name of the corporation shall be:	
INO Custom Tooling Inc	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
7061 S Tamiam. Truit Suite 110 Squasota 11 3	(y23
ARTICLE III CAPITAL STOCK	
The number of shares of stock that this corporation is authorized to have outstand at any one time is:	gnit
1000 Shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and address of the initial registered agent is:	<u>а</u>
Washed Geklmeden	u)
January 7-0,1 July 110 Sarasita 11 34231	

ARTICLE V INCORPORATOR(S)

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

Abrhert Gekliveller 7061 S Tumam Frail Saile 110 Sarasala El 34231

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16.14 day of January, 19 95.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The na	ime of the corp	poration is:	100	Custom	Techny	Inc
The na	me and addre	ess of the re	egistered ager	nt and office is:		
			Ged/we./			
		(NA	ME)			
	7001	5 Tum	inn. Trus	1 14.10	110	
	(1	P.O. BOX <u>N</u>	OT ACCEPTA	ABLE)		
	Su	-430/4	E1	34231		
		(CITY	/STATE/ZIP)			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE	untert 5	Mu	inih
DATE	1/16/95		
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