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JOHNSON BLAKELY

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FLORIDA DIVISION OF CORPORATIONS

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PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: JOHNSON, BLAKELY, POPE, BONER, RUPPE

DEPARTMENT OF STATE

911 CHESTNUT

STATE OF FLORIDA

P.O. BOX 1368

409 EAST GAINES STREET

CLEARWATER FL 34617-00000

TALLAHASSEE, FL 32399

CONTACT: TABRA LEE

FAX: (904) 922-4000

PHONE: (813) 461-1818

FAX: (813) 441-8617

((H95000001314)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: STRONGWIDOR, INC.

FAX AUDIT NUMBER: H95000001314

CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/01/1995

TIME REQUESTED: 13:16:47

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 3

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Note: Please print this page and use it as a coversheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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TALLAHASSEE, FLORIDA

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60 FEB -1 PM 3:09

ARTICLES OF INCORPORATION**OF****STRONGRIDGE, INC.****ARTICLE I - Name and Address**

The name of this corporation is STRONGRIDGE, INC. The mailing address of the corporation is: 60 Pinewinds Boulevard, Oldsmar, Florida 34677. The address of the corporation's principal office is 60 Pinewinds Boulevard, Oldsmar, Florida 34677.

ARTICLE II - Duration

This corporation shall have perpetual existence.

ARTICLE III - Capital Stock

This corporation is authorized to issue 10,000 shares of common stock, which shall be designated as "Common Shares." The par value of each share of stock shall be \$0.01 per share.

ARTICLE IV - Preemptive Rights

Every shareholder, upon an offer for sale for cash of any new stock or authorized but unissued stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 60 Pinewinds Boulevard, Oldsmar, Florida 34677, and the name of the initial registered agent of this corporation at that address is C. B. WHIPPS.

Michael G. Little, Esq.
Johnson, Blakely, Pope, Bokor,
Ruppel & Burns, P.A.
11 Chestnut Street
Clearwater, FL 34616
813)461-1818
Florida Bar No. 0861677

FILED
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TALLAHASSEE, FLORIDA

ARTICLE VI - Incorporator

The name and address of the person signing these Articles is:

Name

Address

C. B. WHIPPS

60 Pinewinds Boulevard
Oldsmar, Florida 34617

ARTICLE VII - Indemnification

The corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

ARTICLE VIII - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this _____ day of December, 1994.


C. B. WHIPPS

02/01/95 17:07

813 441 8617

JOHNSON BLAKELY

004/004

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**CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OF PROCESS
WITHIN FLORIDA**

Pursuant to Fla. Stat. §48.091, STRONGRIDGE, INC., desiring to organize under the laws of the State of Florida, hereby designates C. B. WHIPPS, located at 50 Pinewinds Boulevard, Oldsmar, Florida 34677, as its registered agent to accept service of process within the State of Florida.

ACCEPTANCE OF DESIGNATION

The undersigned hereby accepts the above designation as registered agent to accept service of process for the above-named corporation, at the place designated above, and agrees to comply with the provisions of Fla. Stat. §48.091(2) relative to maintaining an office for the service of process.


C. B. WHIPPS

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(12/29/94-D1)

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TALLAHASSEE, FLORIDA

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JOHNSON BLAKELY

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Northing
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000008649

1. Corporation Name

Strongbridge, Inc.

2. Principal Office

60 Pinnawide Boulevard
Oldemar, FL 34677

3. Alternate Office

60 Pinnawide Boulevard
Oldemar, FL 34677

4. If above addresses are located in any state, the foreign country, possession, territory, or other jurisdiction, please provide the name of the jurisdiction and the address in that jurisdiction.

N/A

N/A

5. Date of Incorporation

N/A

N/A

6. Date of Reinstatement

N/A

N/A

7. Date of Filing

N/A

N/A

8. Date of Payment

N/A

N/A

9. Date of Approval

N/A

N/A

10. Date of Issuance

N/A

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11. Date of Receipt

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12. Date of Payment

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13. Date of Approval

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14. Date of Issuance

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15. Date of Receipt

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16. Date of Payment

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17. Date of Approval

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18. Date of Issuance

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19. Date of Receipt

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20. Date of Payment

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21. Date of Approval

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22. Date of Issuance

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23. Date of Receipt

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24. Date of Payment

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26. Date of Issuance

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114. Date of Issuance

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N/A

115. Date of Receipt

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N/A


JOHNSON BLAKELY

1009

P9500008649

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT # P95000008649 1. Corporation Name Strongbridge, Inc.	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS																													
Principal Place of Business 60 Pinewinds Boulevard Oldemar, FL 34677	Mailing Address 60 Pinewinds Boulevard Oldemar, FL 34677																													
<small>If above addresses are overseas it is only one; list two or three Internet information and enter connection below.</small>																														
2. Home Office Address, if Applicable N/A Date, Apr. 1, day _____ City & State _____ Zip _____ County _____	3. New Mailing Address, if Applicable N/A Date, Apr. 1, day _____ City & State _____ Zip _____ County _____	4. Day Incorporated or Licensed To Do Business in Florida February 1, 1995 5. Filing Number 59-3293005 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS REQUESTED <input checked="" type="checkbox"/>																												
7. Names and Street Addresses of Each Officer or Director (Florida nonprofit corporations must list at least 3 directors)																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Times</th> <th style="width: 40%;">Name of Officer or Director</th> <th style="width: 40%;">Street Address of Each Officer or Director (Please Print Clearly)</th> <th style="width: 15%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>C.B. Whippo</td> <td>60 Pinewinds Boulevard</td> <td>Oldemar, FL 34677</td> </tr> <tr> <td>Sec.</td> <td>C.B. Whippo</td> <td>60 Pinewinds Boulevard</td> <td>Oldemar, FL 34677</td> </tr> <tr> <td>Treas.</td> <td>C.B. Whippo</td> <td>60 Pinewinds Boulevard</td> <td>Oldemar, FL 34677</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Times	Name of Officer or Director	Street Address of Each Officer or Director (Please Print Clearly)	City / State / Zip	Pres.	C.B. Whippo	60 Pinewinds Boulevard	Oldemar, FL 34677	Sec.	C.B. Whippo	60 Pinewinds Boulevard	Oldemar, FL 34677	Treas.	C.B. Whippo	60 Pinewinds Boulevard	Oldemar, FL 34677														
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Sec.	C.B. Whippo	60 Pinewinds Boulevard	Oldemar, FL 34677																											
Treas.	C.B. Whippo	60 Pinewinds Boulevard	Oldemar, FL 34677																											
8. Name and Address of Current Registered Agent C.B. Whippo 60 Pinewinds Boulevard Oldemar, FL 34677	9. Name and Address of New Registered Agent Name _____ Michael G. Little Street Address (P.O. Box Number if Not Applicable) 911 Chestnut Street Date, Apr. 1, day _____ Clearwater, FL 34616																													
10. I have obtained the registered agent of the above named corporation, on behalf who and accept the obligations of Section 887.002, F.S. Signature of Registered Agent _____ Date 9/25/96																														
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(See other steps for information not indicated here.)</small>																														
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute an advertisement for securities or insurance contracts, and that I am an officer or director of the corporation so insured or licensed to do business in Florida. If the corporation has been organized by statute, the corporation shall submit the certificate of incorporation to the Department of State and file with the Department of State the minutes of the meeting of the board of directors of the corporation held immediately after the filing of the certificate of incorporation. The corporation shall also file with the Department of State the minutes of the meeting of the board of directors of the corporation held immediately after the filing of the certificate of incorporation. The corporation shall also file with the Department of State the minutes of the meeting of the board of directors of the corporation held immediately after the filing of the certificate of incorporation. The corporation shall also file with the Department of State the minutes of the meeting of the board of directors of the corporation held immediately after the filing of the certificate of incorporation.																														
SIGNATURE _____ Date 9/25/96 (813) 789-4259																														

Michael G. Little, Esquire
911 Chestnut Street
Clearwater, FL 34616
(813) 461-1818
FL Bar No. 861677

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JOHNSON-BLAKELY

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FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS

FAX #: (904)922-4000

: JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURN
CONTACT: KRISTEN DECLEENE
PHONE: (813)461-1818

ACCT#: 076666002140

FAX #: (813)441-8617

: STRONGRIDGE, INC.

AUDIT NUMBER.....H96000013421

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$383.75

: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

ENTER 'M' FOR MENU. **

R SELECTION AND <CR>: