

Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314 SECRETARY OF STATE IS SECRETARY OF SECRE

SUBJECT:	к.с.	Olin, Inc.	•	20000139 -02/07/9501078 ****122.50 ***
SUBJECT:	(Pro	oposed corporati	name - must include su	ffix)
for :	0.00	and one (1) co	\$122.50 Filing Fee	incorporation and a check \$\frac{1}{2}\$131.25 \$Filing Fee,
		& Certificate	& Certified Copy	Certified Copy & Certificate
FROM:			Kevin Q. Olin	
	11.0	Nan	ne (printed or typed)	
			232 Greencove	Rd
			Address	
			Venice, FL 342	92
			City, State & Zip	
			813-493-2777	
		Davti	me Telephone number	

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation Substitute S

ARTICLE I NAME

The name of the corporation shall be: K.C. Olin, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

232 Greencove Rd. Venice, FL 34292

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kevin Q. Olin 232 Greencove Rd. Venice, FL 34292

ARTICLE V MICORPORATORIS

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

Kevin Q. Olin 232 Greencove Rd. Venice, FL 34292

Christy K. Olin 232 Greencove Rd. Venice, FL 34292

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

3044 day of Tonicary 1995.

Chicky Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGAN ZED 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 name of the corporation is:	K.C. Olin, Inc.
_	
2. The name and address of the regi	istered agent and office is:
Kevin Q.	Olin
	(Name)
232 Green	cove Rd.
(P.O.	. Box not acceptable)
Venice,FL	34292
	(City/State/Zip)
Having been named as registered a above stated corporation at the place the appointment as registered again to comply with the provisions of all smance of my duties, and I am familiates registered agent.	gent and to accept service of process for the see designated in this certificate, I hereby accept the and agree to act in this capacity. I further agree that the proper and complete parter is with and accept the obligations of my position of the proper and complete parter.
Kerna Q. QQ. (Signature)	1/30/95 P1 3: 34 (Date) 3: 34