

LAW OFFICE
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DUNEDIN, FLORIDA 34698

JAMES D. LAMPATHAKIS

(813) 736-2000

February 7, 1995

Florida Department of State
Corporation Division - Charter Section
409 E. Gaines St.
Tallahassee, Florida 32399

RE: Shier, Inc.
Articles of Incorporation

Gentlemen;


Enclosed herewith are the proposed Articles of Incorporation relative to the above, together with a check in the amount of \$70.00 for the following fees:

Filing Fee	\$35.00
Registered Agent Fee	<u>\$35.00</u>
TOTAL	\$70.00

Please file the articles, and return the stamped copy to me at your earliest convenience.

Thank you for your cooperation in this matter and if you should have any questions, please do not hesitate to contact me.

Sincerely,


James D. Lampathakis, Esq.

JDL/foh

enclosure

FILED
95 FEB -8 / 10:50
TALLAHASSEE
FLORIDA

T. BROWN FEB 10 1995

ARTICLES OF INCORPORATION
OF

SHIER, INC.

FILED
95 FEB -8 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME AND ADDRESS

The name and mailing address of the principal office of this Corporation is: SHIER, INC.
13801 W. Hillsborough Ave.
Tampa, FL 33635

ARTICLE II. - COMMENCEMENT

This corporation shall commence existing on the date of the the filing with the Office of the Secretary of State.

ARTICLE III. - PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV. - CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of One and No/100 (\$1.00) par value common stock, which shall be designated "Common Stock".

ARTICLE V. - INITIAL REGISTERED OFFICE, AGENT AND ACCEPTANCE

The street address of the initial registered office of this Corporation is 13801 W. Hillsborough Avenue, Tampa, FL 33635, and the name of the initial registered agent of this Corporation is Donald T. Solochier.

ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


Donald T. Solochier

ARTICLE VI. - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) Directors initially. The names and addresses of said directors are:

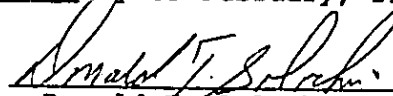
NAME	ADDRESS
Donald T. Solochier	60 Joanne Place Oldsmar, Fl 34677
Kimberly Boscacci	1721 Tall Pine Circle Safety Harbor, FL 34695

ARTICLE VII. - INCORPORATOR

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

NAME	ADDRESS
Donald T. Solochier	60 Joanne Place Oldsmar, Fl 34677

IN WITNESS WHEREOF, the undersigned subscriber has executed the Articles of Incorporation this 7th day of February, 1995.



Donald T. Solochier

STATE OF FLORIDA
COUNTY OF PINELLAS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Donald T. Solochier, the person who executed the foregoing Articles of Incorporation, and who has produced FL DL as identification, # S426-198-36-421-0, expiring on 11/21/96.

IT WITNESS WHEREOF, I hereunto set my hand and affixed my official seal in the State and County last aforesaid this 7th day of February, 1995.

(SEAL)


NOTARY PUBLIC, State of Florida

FRANCES HILL
Notary Public, State of Florida
My comm. expires Sept. 25, 1998
Comm. No. CC 409485

P9500001473

Americasm
13801 W. Hillsborough
Tampa, Fl. 33635
(City, State, Zip) (Phone #)

600001542636
-07/20/95--01083--004
*****35.00 *****35.00

OFFICE USE ONLY

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 checked="" 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

7/27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 JUL 20 PM 2:51

Examiner's Initials TLL

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Shier, Inc.

1b. The mailing address of the corporation is : 13801 W. Hillsborough
Tampa, FL 33635

1c. Date of incorporation: 2/8/95 Document number: P95000011473

2. The name and address of the current registered agent and office:

Donald T. So'ochier

13801 W. Hillsborough

Tampa, FL 33635

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Kimberly Boscacci

13801 W. Hillsborough

Tampa, FL 33635

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 JUL 20 PM 2:51

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its Board of directors or by an officer so authorized by the board.

X Kimberly Boscacci
(Signature of an officer, chairman or
vice chairman of the board)

X 7/15/95
(Date)

Kimberly Boscacci

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

X Kimberly Boscacci
(Signature of Registered Agent)

X 7/15/95
(Date)