995000/668/ REGRIVED

95 MAR - 1 AM 9: 1, 1 STYISIGH OF CORPORATION

MARIE CARMEL LOUIS

(Requestor's Name)

3208 C EAST COLONIAL DR. SUIT 316

(Address)

ORLAND FLA 32801

(City, State, Zip) (Phone #)

OFFICE USE ONLY

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

	ORIZON INC.	(Document #)	95 t 8E0 ALI
2. (Corporati	on Name)	(Document #)	
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(Corporati	on Name)	(Document #)	是 25
1. (Corporat	on Name)	(Document #)	
Walk in Pi	ck up time	Certified Co	TATE TATE
Mail out V	Vill wait Photocopy	Certificate o	f Status
NEW FILINGS	AMENDMENTS		(6)
Profit	Amendment		1,61
NonProfit	Resignation of R.A., Office	er/Director	3
Limited Liability	Change of Registered Age	nt	7 X N
Domestication	Dissolution/Withdrawal		(
Other	Merger		1 0
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark	_	· · · · · · · · · · · · · · · · · · ·
i	Other	i E	xaminer's Initials

ARTICLES OF INCORPORATION

of

DEWALT HORI	CON-15C.	W
The undersigned subscriber(s) to these Articles of Incorpor corporation under the laws of the State of Florida.	•	to contract, hereby form a
ARTICLE 1 - CO	DRPORATE NAME	
The name of the corporation is:		77.5
DEWALT HORI	ZON INC.	
ARTICLE II	- DURATION	65.5
This corporation shall exist perpetually unless dissolved	according to Florida law,	POINT.
ARTICLE II	I - PURPOSE	7
The corporation is organized for the purpose of engaging United States and the State of Florida.	in any activities or business perm	itted under the laws of the
ARTICLE IV -	CAPITAL STOCK	
The corporation is authorized to issueFIVE_HINDRED	shares (500) of	<u>ono</u>
Dollar(s) (\$) par value Common	Stock, which shall be designated	l "Common Shares."
ARTICLE V - INITIAL REGI	STERFD OFFICE AND AGENT	r
The street address of the Initial Registered Agent office a	nd the name of the Initial Registe	ered Agent at that office is:
VAME MARIE CARMEL LOUIS		
ADDRESS 3208 C EAST COLONIAL DRIVE SUITE		
CITY ORLANDO FLORIDA		ZJP 32803
The principal office, if known, or the mailing adress of	the corporation is:	
NAME DEWALT HORIZON INC.		
ADDRESS 3208CEAST COLONIAL DRIVE SUITE		
	FLORIDA	ZIP 32803
ORIANDO	BOARD OF DIRECTORS	
This corporation shall have one 1 increased or diminished from time to time by the By-La addresses of the initial director(s) of the corporation as	directors initially. The number	r of directors may be either one (1). The names and
NAME MARIE CARMEL LOUIS		
ADDRESS 3208 C FAST COLONIAL DRIVE SUIT	E_ 336.	
CITY ORLANDO FLA	STATE FLORIDA	ZIP 32803
NAME		<u> </u>
ADDRESS		
CTTY	STATE	ZIF
NAME	<u> </u>	
ADDRESS		
спү	STATE	ZIP
FORM 215: ARTICLES OF INCORPORATION, PAGE 1 PA	GE 1	SEMINOLE-MIAMI 01259

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

ADDRIESS	3208 C cast COLON	VIAL DRIVE SUITE 336	
CITY	ORLANDO FLA	STATE FLA	ZJF 3 2 8 O 3
NAMU			
ADDRESS			
CITY		STATE	ZIP
NAMB			
ADDRESS			
стту		STATE	ZIP
			
IN WITNE	ESS WHEREOF, the undersigned	subscriber(s) have executed these Articles of	Incorporation this 28
IN WITNE		subscriber(s) have executed these Articles of	Incorporation this 28(Sea
IN WITNE			

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF DEWALT HORIZON INC. (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

ORLANDO FLORIDA , 32803	

MARIE CARMEL LOUIS located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Marie Carriel Lain

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR 194 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P95000016681 96 OCT 25 AM 9: 19 DOCUMENT # 1 Comoration Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DEWALT HORIZON INC. Pencipal Place of Business Minhing Address 0200 C EAST COLONIAL DRIVE STE. 038 3208 C EAST COLONIAL DRIVE STE, 336 ORLANDO FL 32003 ORLANDO FL 32800 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable 4 Date tecorporate or Qualified To Do Business in Florida 03/01/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For 59-3298137 City & State City & State Not Applicable G. \$8.75 Additional Fee require for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(5) City / State / Zip D LOUIS, MARIE C 3208 C EAST COLONIAL DRIVE STE. ORLANDO FL 32803 200001991912--3 -10/31/96--01040--012-****375.00 ****375.00 REINSTATEMENT /C 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent LOUIS, MARIE C Street Address (P.O. Box Number is Not Acceptable 3208 C EAST COLONIAL DRIVE STE. 338 ORLANDO FL 32803 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible lax to the (See other side for information on intengible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

Daylime Phone #

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

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