

150000 24621

TRANSMITTAL LETTER

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

300001440323
-03/27/95--01042--017
*****70.00 *****70.00

SUBJECT: Le Monte Products, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: Q.B. Le Monte
Name (printed or typed)
703 Wavecrest Drive
Address
Orlando, FL 32807
City, State & Zip
(407) 273-9320
Daytime Telephone number

FILED
95 MAR 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AA43-28

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.

ARTICLE I NAME

The name of the corporation shall be:

Le Monte Products, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

703 Wavecrest Drive
Orlando, FL 32807

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Q.B. Le Monte
703 Wavecrest Drive
Orlando, FL 32807

ARTICLE V INCORPORATOR(S)

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

Q.B. Le Monte
703 Wavecrest Drive
Orlando, FL 32807

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

24th day of March, 19 95.



Signature

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, 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.

1. The name of the corporation is: Le Monte Products, Inc.

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

Q.B. Le Monte

(Name)

703 Wavecrest Drive

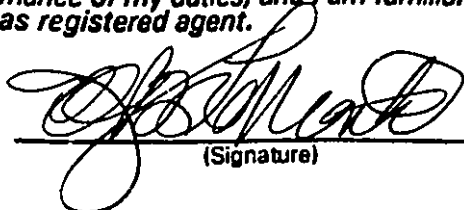
(P.O. Box not acceptable)

ORLANDO, FL 32807

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

President