## 50000 26557

#### TRANSMITTAL LETTER

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

for:

4 (Proposed corporate name - must include suffix) 700001445707 -04/03/95--01028--007 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check \$131.25 \$122.50 \$70.00 Filing Fee, Certified Copy Filing Fee & Certified Copy Filing Fee Filing Fee Certificate & Certificate Additional Copy Required FROM: Ormand Beach, Fl 32171-663U 904-())-1483

Daytime Telephone number

11 - 257-9393-BoB-

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

# 45 MAR 31 PN 3: 20

#### 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: Palm (able vision Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1251 Vanderbilt Dr., Ormand Brach, Fl 32174-6030

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one million (1,000,000)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kenneth P. Mampel 1251 Vanderbilt Dr. Ormand Beach, FL 32174

#### ARTICLE V INCORPORATORIS

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

Kenneth P. Manpd 1251 Vanderbilt Dr, Ormund Beach, FLIZAITY -COSU

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

30-12 day of March 1995

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:	Palm	Capler	wion Inc.

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

Kenneth P. Mampel				
(Name)				
1251 Vanderbilt Dr.				
(P.O. Box or Mail Drop Box NOT acceptable)				
Ormand Beach, FL. 32174-6036				
(City/State/Zip)				

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)

3 / 5 0 / 95 = 3 / 5 (Date)