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FILED
95 APR -5 PM 2:13
RECEIVED
TALLAHASSEE, FLORIDA

March 20, 1995

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

ENCLOSURE 1448406
-04/05/95--01113--005
****122.50 ****122.50

To Whom It May Concern:

Enclosed please find two (2) copies of Articles of Incorporation designating potential registered office and registered agent at said address.

Also enclosed is my check made payable to the Department of the State of Florida in the amount of \$122.50, which includes the fees for a corporation for profit:

Please send to the following address:

FRED MUELLER
2006 N. FEDERAL HWY.
BOCA RATON, FL. 33431

Sincerely yours,

Fred Mueller
Enclosures

D. BROWN APR - 7 1995

ARTICLES OF INCORPORATION

(Print [capital letters, in black ink] or type all inserts except signature)

ARTICLE 1 - CORPORATE NAME:

The name of the Corporation shall be: ALL FIT PRODUCTS, INC.

2006 N FEDERAL HWY. BOCA RATON, FL. 33431

ARTICLE II - CORPORATE POWERS:

The Corporation is organized for the purpose of transacting any and all business, for which a corporation may be organized in the State of Florida.

ARTICLE III - CAPITAL STOCK:

The authorized capital stock of the Corporation shall be 5,000 shares of common stock, with a par value of \$1.00 per share. The Corporation plans to initially issue 500 shares, reserving the balance for subsequent issuance.

ARTICLE IV - INCORPORATOR/DIRECTOR/REGISTERED AGENT/ADDRESS:

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, on order to form a corporation under the laws of the State of Florida, and hereby accepts designation as a registered agent.

ARTICLE V - The Corporation shall continue perpetually.

NAME

ADDRESS

Fred Mueller
(Signature)

2006 N. FEDERAL HWY.
(Street Address)

FRED MUELLER

(Name)

BOCA RATON, FL 33431
(City, State, Zip Code)

STATE OF FLORIDA]

COUNTY OF Broward]

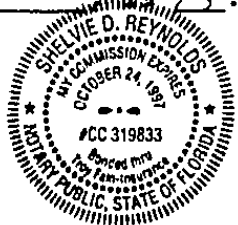
SWORN TO AND SUBSCRIBED

before me, this 31st day of

March 1995.

Personally known to me.

Shelvie D. Reynolds
NOTARY PUBLIC, STATE OF FLORIDA



P95000027864

FILED
97 AUG 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Requestor's Name

ALL FIT PRODUCTS, INC.

P.O. BOX 4185

WINTER PARK, FL 32793

City/State/Zip

Phone #

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 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 |

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*****35.00 *****35.00

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Voldis

ARTICLES OF DISSOLUTION

FILED
97 AUG 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: ALL FIT PRODUCTS, INC.

SECOND: The date dissolution was authorized: 5/31/97

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 22nd day of JULY, 19 97.

Signature

Bonnie Mueller
(By the Chairman or Vice Chairman of the Board, President, or other officer)

BONNIE MUELLER, VICE PRESIDENT
(Typed or printed name)

(Title)