RON SACCARECCIA RON SACCARECCIA MANUFACTURERS REP. SECRETARIO SECRETARIO DE LA LE 76 S.W. CABANA POINT STUART, FLORIDA 34994

95 JUN 20 FK 12: 36

TALLAHASSEE, FLORIDA

6-15-95 DATE

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

SUBJECT:

RON SACCARECCIA MANUFACTURERS REP., INC.

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

[ ] \$70.00 Filing Fee

[ ] \$78.75

Filing Fee & Certificate

\$122.50 Filing Fee

[ ] \$131.25 Filing Fee

& Certified Copy Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

RON SACCARECCIA 76 S.W. CABANA POINT STUART, FLORIDA 34994 407-220-3176

(Daytime Phone Number)

Thank-you,

RÓN SACCARECCIA

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## Articles of Incorporation

1. The name of the corporation is:

RON SACCARECCIA MANUFACTURERS REP., INC.

2. The principal place of business and mailing address of the corporation is:

76 S.W. CABANA POINT STUART, FLORIDA 34994

- 3. The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$1.00.
- 4. The registered agent of the corporation is RON SACCARECCIA, and the registered address is 76 S.W. CABANA POINT, STUART, FLORIDA 34994.
- 5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:

RON SACCARECCIA
76 S.W. CABANA POINT
STUART, FLORIDA 34994

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is RON SACCARECCIA whose address is 76 S.W. CABANA POINT, STUART, FLORIDA 34994.

Dated\_ 6-15-95

Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 6-15.95

Registered Agent

FILEU 95 IUN 20 PN 12: 36 SECRETA SSEE, FLORIDA TAIT AHASSEE, FLORIDA