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417 E. Virginia St., Suite 1, Tallahassee, F1 32301, (904)224 8870 Mailing Address Post Office Box 10349, Tallahassee, Fl. 32302 TOH TREE No. 1800 342 8062 FAX (901) 222-1222

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from Your Capital Connection

BALANCE DUE .....

Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE

1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum

# ARTICLES OF INCORPORATION

SSUPLIZ DE 2003 TÁCCALASA LA ECHIDA

OF

# GALLOWHAN TOOL MAKERS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is GALLOWHAN TOOL MAKERS, INC.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 8401 NW 13th Street, Lot 104, Gainesville, FL 32606.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is three hundred thousand (300,000) shares having a par value of one dollar (\$1.00) per share.

## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is John Smith, 8401 NW 13th Street, Lot 104, Gainesville, FL 32606.

### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is John Smith, 8401 NW 13th Street, Lot 104, Gainesville, FL 32606.

The undersigned has executed these Articles of Incorporation 12th this day of July 1995.

Capital Connection, Inc.

Barbara Neeley - President

Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE TALLIANDA TO LUMBA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned 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	i •	The	name	of t	he ac	rpo	ratio	n is:							
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2	! <b>.</b>	The	name	e and	stree	t ac	ddres	s of	the r	regi	ster	ed agent	and		
office	is:	J:	ohn	Smith	8401	NW	13th	Stree	t; L	ot 1	104,	Gainesvil	le,	FL	32606

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.

John Smith