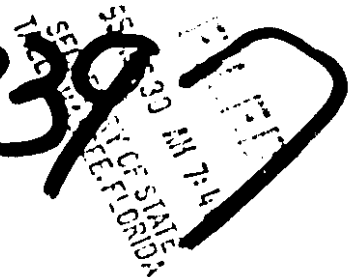


9950006739

TRANSMITTAL LETTER



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

800001529568
-07/05/95--01018--006
*****78.75 *****78.75

SUBJECT: STITCHER CORPORATION
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy
Additional Copy Required

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: David Margolis
Name (printed or typed)

2624 NW 2nd Avenue
Address

Boca Raton Florida 33431
City, State & Zip

(407) 368-2333
Daytime Telephone number

6670
005UR
C 0671

1095-13816

7/10/95
7

124531

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 10, 1995

DAVID MARGOLIS
2624 NW 2ND AVENUE
BOCA RATON, FL 33431

SUBJECT: STITCHER CORPORATION
Ref. Number: W95000013814

We have received your document for STITCHER CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 695A00033088

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: STITCHER CORPORATION COMPLETE LEATHER CARE
PRODUCTS

ARTICLE II PRINCIPAL OFFICE

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

2624 NW 2nd Ave. Boca Raton Florida 33431

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: David Margolis
2624 NW 2nd Ave. Boca Raton Florida 33431

FILED
AUG 30 AM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

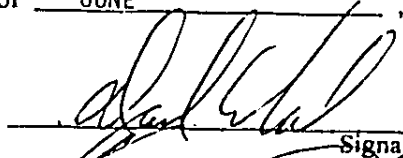
ARTICLE V INCORPORATOR(S)
See instructions for officers/directors -

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

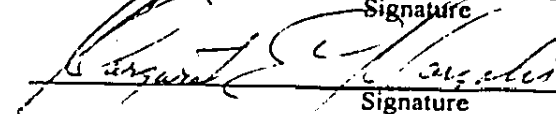
David Margolis 1201 SW 27 AVE. BOYNTON BEACH FLORIDA
MARGARET MARGOLIS 1201 SW 27 AVE. BOYNTON BEACH FLORIDA

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

16 day of JUNE, 19 95



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: STITCHER CORPORATION

COMPLETE LEATHER CARE PRODUCTS

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

DAVID MARGOLIS

(NAME)

2624 NW 2nd AVE.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BOCA RATON FLORIDA 33432

(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.

David Margolis
(SIGNATURE)

6/16/95
(DATE)

8/24/95