

P95000070767

TRANSMITTAL LETTER

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

400001581094
-09/12/95--01018--003
****131.25 ****131.25

SUBJECT: E Z GLIDE PRODUCTS INC.
(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

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Judith D. Leupp
(Name (printed or typed))

108 Halfmoon Cir.
Address

Hypoluxo Fl. 33462
City, State & Zip

407-586-4367
Daytime Telephone number

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

SAS
9/14/95

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

E Z GLIDE PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE

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

108 Halfmoon Cir. *FS*
Hypoluxo Fl. 33462

ARTICLE III SHARES

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

One thousand shares at \$0. dollars Par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Judith D Leupp
108 halfmoon Cir. *FS*
Hypoluo Fl. 33462

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)

Judith D Leupp
108 half moon Cir. F3
Hypoluxo FL 33462

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

7 day of September, 19 95

Judith D Leupp
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 E Z GLIDE PRODUCTS INC.

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

Judith D. Leupp

(NAME)

108 Halfmoon Cir. E2

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

Hypoluxo Fl. 33462

(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.

Judith D. Leupp
(SIGNATURE)

Sept. 7, 1995

(DATE)