

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

SUBJECT: J+L SPETY PRODUITS CVRPCRATION (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$______.

900001675039 -01/02/96--01041--002 *****70.00 *****70.00

FROM:

Name
6663 A BOCA PINES TRAIL
Address
BOCH RIATON FCORINA 33433
City, State, & Zip
(407) 852-9887
Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

OF

J+L SAFETY PRODUCTS ENFRATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J+L SAFTY PRODUCTS CORPRATION

ARTICLE II PRINCIPAL OFFICE

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

6663 A BOCA PINES TRAIL BOCA RATINGFUA33433

ARTICLE III CAPITAL STOCK

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROBERT BELL 6663 A BOCA PINES TRAIL BOCK RATON, CORIDA 33433

ARTICLE V INCORPORATOR(S)

| The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora- tion is(are): |
|---|
| ROBERT BELL |
| 6663 A BOCA PINESTRA |
| BOCA RATON, FLORIDA |
| 33433 |
| |
| The undersigned has(have) executed these Articles of Incorporation this |
| 26 day of December 19 95. |
| Robert Pull PRESIDENT Signature/Title |
| allitigation of the second of |

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corpo tion, organized under the laws of the State of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida. 1. The name of the corporation is: ... 2. The name and address of the registered agent and office is: DATE 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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT FILING FEE: \$35.00