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CUSTOMITES Mos. Cathy Bacol. ERGOMORIC OPTIONS, INC.

2612 Heron Landing Court

Orlando, FL. 32637

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MARIE ERGOMOTIC OPTIONS, INC.

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTHERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED CORY 20% PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynne Roberts.

EXAMINER'S THITIALS:

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ARTICLES OF INCORPORATION ALLAMASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a curporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: Ergonomic Options, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2612 HERON LANDING CT.
OCIONO, F1. 32837

ARTICLE III SHARES

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

100 Shares at NO Pair.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CATherine Bacot 2612 Heron Landing Ct. Orlando, Fl. 32837

ARTICLE V INCORPORATOR(S)

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

Catherine Bacot 2612 Heron Landing Ct. Orlanda FL. 32837

The undersigned incorporator(s) has(have) executed these Aiticles of incorporation this

Twenty Third day of January 1996.

Signateso

Signature

Articles of Incorporation Filing Fee - \$35

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION OF THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation	nis: Ergónomic Options, Inc.
	•	

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

Catherine Bacot	
(Name)	:
suis Heron Landing Ct.	<u></u>
(P.O. Box not acceptable)	!
Orlando, Fl. 32837	
(City/State/Zip)	1 :

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.

Calherine Daw 01/23/96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

P96000007688

Ergonomic Options, Inc. P.O. Box 180554 Cusselberry, Fl. 32718-0554 (407) 830-8752

March 4, 1996

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

Attn: Louise J.

Dear Louise:

700001737577 -03/08/96--01099--018 *****35.00 *****35.00

Please find the attached forms to amend the Articles of Incorporation for Ergonomic Options, Inc. I have also enclosed a check in the amount of \$35 for the filing fee. Thank You for your help.

Sincerely,

Patricia Di Fonzo

Amend



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 14, 1996

PATRICIA DI FONZO ERGONOMIC OPTIONS, INC. P.O. BOX 180554 CASSELBERRY, FL 32718-0554

SUBJECT: ERGONOMIC OPTIONS, INC. Ref. Number: P96000007688

We have received your document for ERGONOMIC OPTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the director ..

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) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 196A00011492

Ergonomic Options, Inc. P.O. Box 180554 Cusselberry, H. 32718-0554

M. ch 20, 1996

Florida Department of State 409 East Gaines St. Tallahassee, Fl. 32399

RE: Ref. Number P96000007688

Dear Velma:

I have attached the revised forms for amending the Articles of Incorporation for Ergonomic Options, Inc. Please process these changes at your earliest convenience.

Sincerely,

Caller on Bass

ARTICLES OF INCORPORATION

Ergonomic Options Inc

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted) AMENDS

Article II. PRINCIPAL OFFICE

The principal place of business and mailing Address of This Corporation SHAIL be:

PLACE of Business:

618 I vanhoe Way

Casselberry, FL. 32707

mailing Address: P.O. BOX 180554

Casselberry, FL. 32718-0554

ADD:

Article VI:

THE CORPORATE OFFICER(S) OF THIS CORPORATION SHALL BE:

PATRICIA DI FONZO, PRESIDENT

618 IVANHOE WAY'
CASSELBERRY, FL. 32707

If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows: NA

THIRD: T	he date of each amendment's adoption: JORVARY 1, 1906.	
FOURTH:	Adoption of Amendment(s) (CHECK ONE)	
a	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	The amendment(s) was/vere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes cast for the amendment(s) was/were sufficient	
	for approval by" voting group	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
A	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Stanuary Stanuary 19 96		
OR		
(By a director if adopted by the directors)		
OR		
	(By an incorporator if adopted by the incorporators)	
	CATHERINE BACOT Typed or printed name	
	Incorporator	