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

SUBJECT: 130 6	5 Bottom L	ine Fac.		01769228
	(Proposad corporate r	name - must include suf	6x) = 04/04/ +04/04/ ****55	3601051001
Enclosed is an origin for : \$70.00 Filing Fee	al and one (1) co (X) \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	ind a check
FROM:	Name	(printed or typed)  5 Leighter  Address	Or.	
	<u></u>	ty, State & Zip  S 951-306  Telephone number	8	SECTE AND SIME

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

## ARTICLES OF INCORPORATION

96 APR -4 AHH: 31

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:

Bob's Bottom Line Inc.

ARTICLE II PRINCIPAL OFFICE

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

8635 Krighten Dr. Tampa, Fla. 33614

ARTICLE III SHARES

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

50 Shares of C. Stock & 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Robert Lyons 8635 Leighton Dr TAMPA, FlA. 35614

## 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):

Walter Scott Bigger 10707 Dowey HUE THINDA, F/A 33615

Joyce V. Lyons 8635 Leighton Dr. TAMPA, Fla. 33614

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

4th day of Fril , 19 96.

Signature

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

96 APR -4 AITH 31

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: Solis Is affect force Foc.
2.	The name and address of the registered agent and office is:
	Robert Lyons
	(P.O. Box or Mail Diop Box NOT ACCEPTABLE)
	Jang 12 Fla 33414

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.

(SIGNATURE) 4-4-96
(DATE)