

P96000041006

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: A. S. Chains By the Inch, Inc. No. 52808
 06 MAY 14 AM 10:05

TALLAHASSEE, FLORIDA DISBURSED

☒ Capital Express™
☒ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☐ Foreign Corp. File _____
☒ () Cert. Copy(s) _____
Photo
☐ Art. of Amend. File _____
☒ Dissolution/Withdrawal _____
☒ C U S. G. S. _____
☐ Fictitious Name File _____
☐ Name Reservation _____
☐ Annual Report/Reinstatement _____
☐ Reg. Agent Service _____
☐ Document Filing _____
☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ File No.'s, _____ Copies _____
☐ Courier Service _____
☐ Shipping/Handling _____
☐ Phone () _____
☐ Top Priority _____
☐ Express Mail Prop. _____
☐ FAX () _____ pgs. _____

SUBTOTALS _____

7000001510000000
 -05/14/96-001035-003
 *****10.15 *****10.15

Handwritten: 5/14/96

REQUEST TAKEN CONFIRMED APPROVED

DATE 5/14 _____

TIME 8:30 _____ CK No. _____

BY DD _____

WALK-IN
 Will Pick Up _____

FEE.....	\$ 15.00
DISBURSED.....	\$ 15.00
SURCHARGE.....	\$ 15.00
TAX on corporate supplies.....	\$ 15.00
SUBTOTAL.....	\$ 60.00
PREPAID.....	\$ 50.00
BALANCE DUE.....	\$ 10.00

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF

A.S. Chains By The Inch, Inc.

FILED
56 MAY 14 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A.S. Chains By The Inch, Inc.

ARTICLE II PRINCIPAL OFFICE

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

18200 N.W. 27th Avenue
Miami, FL 33056
(305) 653-3346

ARTICLE III CAPITAL STOCK

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

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ayelet Shimony
921 N.E. 199th Street
North Miami Beach, FL 33179

ARTICLE V INCORPORATOR(S)

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

President/Director
Ayelet Shimony
921 N.E. 199th Street
North Miami Beach, FL 33179

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

5/10 day of May, 19 96.

Ayelet Shimony
Signature

5/
Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FIL 8870
MAY 16 AM 10:06

STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: A.S. Chnins By The Inch, Inc.

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

Ayelet Shimony
(NAME)

921 N E. 199th Street #206
(P.O. BOX NOT ACCEPTABLE)

North Miami Beach, FL 33179
(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.

SIGNATURE Ayelet Shimony

DATE 5/10/96