

P96000063352

CT CORPORATION SYSTEM

30669 Telegraph Road  
Birmingham, AL 38025  
Tel 810 646 9033  
Fax 810 646 9034

July 22, 1996

FILED  
JUL 26 1996  
TALLAHASSEE, FLORIDA

RE: ACTION TECHNOLOGIES, INC.  
ORDER #597205

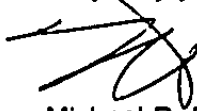
Sir/Madam:

Pursuant to instructions of counsel, we enclose for filing on behalf of the above corporation documents identified below:

<u>XXXXXX</u> Incorporation	_____ Qualification	_____ Withdrawal
_____ Amendment:	_____ Merger:	_____ Change of Agent/Office:
_____ Domestic	_____ Domestic	_____ Domestic
_____ Foreign	_____ Foreign	_____ Foreign
_____ Dissolution		_____ Other:
_____ Statement of Intent		
_____ Certificate of Dissolution		

Check in payment of the required fee is enclosed. Kindly return evidence of the filing to the undersigned. If there are any problems, please call us at the following number: (810) 646-9033.

Very truly yours,




Michael R. Dalida  
Customer Specialist

7000001905637  
-07/26/96--01061--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enc.

SPECIAL INSTRUCTIONS:

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

7/30/96  


STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF  
ACTION TECHNOLOGIES, INC.

FILED  
JUL 26 1996  
CLERK OF COURT  
JUL 26 1996

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS: ACTION TECHNOLOGIES, INC.

SECOND: THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE AND, IF DIFFERENT, THE MAILING ADDRESS OF THE CORPORATION IS:  
20319 Gator Road, Altosna, FL 32702

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: 50,000

\*FOURTH: (a) IF THE SHARES ARE TO BE DIVIDED INTO CLASSES, THE DESIGNATION OF EACH CLASS IS:

_____	_____
_____	_____
_____	_____

(b) STATEMENT OF THE PREFERENCES, LIMITATIONS AND RELATIVE RIGHTS IN RESPECT OF THE SHARES OF EACH CLASS:

<u>CLASS</u>	<u>PREFERENCES</u>	<u>LIMITATIONS</u>	<u>RELATIVE RIGHTS</u>
_____	_____	_____	_____
_____	_____	_____	_____

\*FIFTH: (a) IF THE CORPORATION IS TO ISSUE THE SHARES OF ANY PREFERRED OR SPECIAL CLASS IN SERIES, THE DESIGNATION OF EACH SERIES IS:

_____	_____
_____	_____
_____	_____

(\*Optional)

(b) STATEMENT OF THE VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES AS BETWEEN SERIES INsofar AS THE SAME ARE TO BE FIXED IN THE ARTICLES OF INCORPORATION:

<u>SERIES</u>	<u>RELATIVE RIGHTS</u>	<u>PREFERENCES</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>

(c) STATEMENT OF ANY AUTHORITY TO BE VESTED IN THE BOARD OF DIRECTORS TO ESTABLISH SERIES AND FIX AND DETERMINE THE VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES BETWEEN SERIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIXTH: PROVISIONS GRANTING PREEMPTIVE RIGHTS ARE:

NO PREEMPTIVE RIGHTS

SEVENTH: PROVISIONS FOR THE REGULATION OF THE INTERNAL AFFAIRS OF THE CORPORATION ARE:

N/A

EIGHTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS C T CORPORATION SYSTEM

\*NINTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS ONE, AND THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND SHALL QUALIFY ARE:

Harold L. Byars  
20319 Gator Road  
Altoona, FL 32702

TENTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

John R. Fowler, Jr.  
2701 Troy Center Drive, Suite #400  
Troy, MI 48084

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION

THIS 19th DAY OF July, 19 96

  
\_\_\_\_\_  
INCORPORATOR  
SIGNATURE/TITLE

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
SIGNATURE/TITLE

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION  
607.0501 (3) F.S.: C T CORPORATION SYSTEM IS FAMILIAR WITH AND  
ACCEPTS THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

C T CORPORATION SYSTEM

DATED 7-22, 1996

BY 

SHARON C. GAHLAN  
(TYPE NAME OF OFFICER)

ASST. V.P.  
(TITLE OF OFFICER)

P96000063352

Requestor's Name  
**ABTREX INDUSTRIES, Inc.**  
28530 REYNOLDS AVE.  
INKSTER, MICHIGAN 48141

City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

500002183915--9  
-05/19/97--01182--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 MAY 19 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Action Technologies, Inc.

SECOND: The date dissolution was authorized: May 12, 1997

THIRD: Adoption of Dissolution (check one)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*(The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

"The number of votes cast for dissolution was sufficient for approval by \_\_\_\_\_."  
(voting group)

Signed this 12th day of May, 19 97.

Signature Harold Byars  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Harold L. Byars  
(Typed or printed name)

Sole Director and Sole Officer  
(Title)

FILED  
97 MAY 19 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA