P96000067070 TRANSMITTAL LETTER

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

SIDIOD 1518189 -08/03/96--01066--016 *****78.75 *****78.75

Enclosed is an origina	Proposed corporate	name - must include suffix)	·	SECRETARY OF AN IO. L. O. M. S. C. S
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy C	\$131.25 Filing Fee, entified Copy & Certificate	- 5
FROM:		TRAGLIA printed or typed)		
	631 SE	45TH TERRACE		
÷ .	OCALA City	, FL., 34471		
		694-4502 Felephone number		

5/3

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

ARTICLES OF INCORPORATION

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:

ADVANCED LIGHTNING PROTECTION, INC.



ARTICLE II & PRINCIPAL OFFICE

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

- 1. BYOO SW 18TH TERRACE RD. OCACA, FL, 34474
- 2. P.O. BOX 770622 OCALA, FL, 34477

ARTICLE III SHARES

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

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

CHERYL GODWIN 6400 SW 18TH TERRACE RD. OCALA, FL, 34474

ARTICLE V INCORPORATOR(8)

See instructions for officers/directors

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

CHERYL GODWIN 6400 SW IFTH TERRACE RD. OCALA, FL, 34474

ANNE DETRAGLIA 631 SE 45TH FERRACE OCALA, FL, 34471

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

6TH day of <u>AVGUST</u> . 19 96

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

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

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:	ADVANCED LIGHTNING PI	COTECTION, INC.
2. The name and address of the re	gistered agent and office is:	SECONO SECONO
CHER	IL GODWIN	6-504 6-604 6-604
6400 S	W IFTH TERRACE RD. BOX OF MAIL Drop BOX NOT ACCEPTABLE)	HO. L
	(CITY/STATE/ZIP)	– 0
Having heen named as we assure		

Having been named as registered agent and to accept service of process for the above stated corporation at the place resignated 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.

Clery Jodina X (SIGNATURE) X (DATE)