MUDDOOG9499

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

subject: <u>FAG</u>	Proposed corporate	name - must include au	mx) Inc,	
Enclosed is an originator: \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate	ind a check
FROM:	JAMES Name 977-[(printed or typed)	OPF 1000CHEE	57,
	<u>පැ</u> <u>පැ</u>	796-5333 Telephone number	F1. 3469	

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:

EAGLE PRODUCT ASSEMBLY, INC.

ARTICLE II & PRINCIPAL OFFICE

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

977-B WITHLACOUCHEE ST.

SAFETY HARBON, FL. 34695

ARTICLE III SHARES

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

100 - ONE HUNDRED

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

e and address of the fillial registered agent is:

JAMES C. KINKOPF

977-B WITHLACOOCHEE ST.

SAFETY HARBOR, FL.

34695

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):

JAMES C. KINKOPF 977-B WITHLACOOCHEE ST. SAFETY HARBOR, FL. 34695

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

15th day of August, 19 96.

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

Signature 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 corporati	ionis: <u>FAGLE PRODUCT ASSEMBLY</u> , INC
	f the registered agent and office is:
<u>J4</u>	IMES C. KINKOPF
97	7-B WITHLA COOCHEE ST. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
SA	(P.O. Box or Mail Drop Box NOT ACCEPTABLE) (P.O. Box or Mail Drop Box NOT ACCEPTABLE) (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) 8-15-96
(DATE)