

P960000086965

JENNIFER KAHRS

LAIS DORY LN #302

ALTAMONTE SPRINGS, FL 32714

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #) 800001982298--2
2. _____
(Corporation Name) (Document #) -10/22/96--01041--007
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☐ 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 type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| 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
STATE
OCT 21 PM 1:16
CORPORATIONS

J 10/22/96

October 08, 1996

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: EMERALD EYES MARKETING, INC.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Emerald Eyes Marketing, Inc. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee, and a separate check in the amount of \$52.50 for 1 certified copies.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,

Jennifer O. Kahrs
615 Dory Lane, Suite 302, Altamonte Springs,
FL 32714

ARTICLES OF INCORPORATION

OF

EMERALD EYES MARKETING, INC.

FILED
SECRETARY OF STATE
CORPORATIONS
96 OCT 21 PM 1:16

ARTICLE I

The name of the Corporation is Emerald Eyes Marketing, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 615 Dory Lane, Suite 302, Altamonte Springs, FL 32714.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000,000 shares of common stock with no par value.

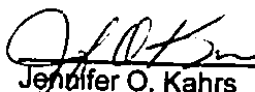
ARTICLE IV

The address of the initial registered office of the Corporation is 615 Dory Lane, Suite 302, Altamonte Springs, Florida 32714, and the name of the Corporation's initial registered agent for service of process at such address is Jennifer O. Kahrs.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
Jennifer O. Kahrs, 615 Dory Lane, Suite 302, Altamonte Springs, FL 32714.

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of
October, 1996.



Jennifer O. Kahrs
615 Dory Lane, Suite 302, Altamonte Springs, FL
32714

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
CORPORATIONS

96 OCT 21 PM 1:16

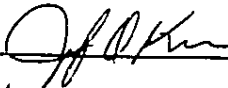
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Emerald Eyes Marketing, Inc.
2. The name of the registered agent and office is:

Jennifer O. Kahrs
615 Dory Lane, Suite 302, Altamonte Springs, Florida 32714

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



DATE

10/16/96