TRANSMITTAL LETTER

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

Safety Eyewear Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

⊿ \$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131,25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Harvey Wasserman Name (Printed or typed)

2731 NW 95 ave

Coral Springs, fl. 33065 City, State & Zip

1-651- 498- 4477

Daytime Telephone number

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

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The name of the corporation shall be:

Safety Eyewen Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2731 NW 95 Cure Coral Springs, fl. 33065 CC 16 NT LC AUN 95 COMPLETE CONTRACTOR CONTR

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The Corporation is on thorized to issue 10,000 shares of one dollar ("1.00) Par Value Common stock which shall be designated "Common shares".

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

Harvey Wasserman 2731 NW 95 are Coral Springs, fla. 33065

Article I Indemnification

The corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE YI 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):

Harrey Wassyman, Pusikent 2731 NW 95 am Cord Springs, fl. 3300

Loraine Wasserman, Sicretary 2731 NW 95 are Loral Springs, 71. 33065

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Effective date: 1-1-97

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

18 day of November , 19 9 b . (E + feetive Date requested)

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

Lancy Wasseman Pres Signature

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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:	Safety Eyewear Son	lices, Inc.	_
2.	The name and address of the registered agent and office is: Harvey Wasserman (NAME) 2731 NW 95 ave (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		96	D:WS SECRE
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	Ceral S,	CHY/STATEZIP)	22	STATE

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)