95 Kelly Rd. STE 106 Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Ul-SUND IT IM.
(Corporation Name) (Document #) (Corporation Name) (Document #) 800002024218--8 -12/10/96--01036--002 \*\*\*\*122.50 \*\*\*\*122.50 3. (Corporation Name) ment #) 4. (Corporation Name) (Document #) □ Walk in Pick up time Certified Copy Will wait Mail out Photocopy Certificate of Status AMENDMENTS 3 NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merge. OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1.95)

## ARTICLES OF INCORPORATION

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LIFOUNDIT INC	- 1		
	of corporation)		
The undersigned acting as the incorporators of a corpor the following articles of incorporation for such corporation:	ration under the Florida Business C	Corporation Act	, adopt(s)
	CORPORATE NAME		w.
The name of the corporation is:  LLFOHNDIT INC.		SE SAL	
	II - DURATION	DEC -9 LAHASSE	Production of the second
This corporation shall exist perpetually unless dissolved		AN II: 5	g d g
	III - PURPOSE	の記録	
The corporation is organized for the purpose of engaging United States and the State of Florida.	g in any activities or business perm	nitted under the	laws of th
The corporation is authorized to issueshares	AI PRINCIPAL OFFICE	1.00	per share
STREET ADDRESS // 50 5 1/511 / 5	5		
SHITE # 106	ζα,		<del>-</del>
CITY FORT MYERS	FLORIDA	ZIP . 73	3908
Mailing address, if different			100
STREET ADDRESS			
CITY	FLORIDA	ZIP	
ARTICLE VI - INITIAL REGIS	STERED OFFICE AND AGENT		
The street address of the initial registered office and	the manner of the Court of the second	_	
The street address of the initial registered office and		d agent at the	office is:
ADDRESS 11505 VOIDE	NRERA		· · · · ·
CITY FORT MYERS	SHITE # 106		000
	FLUKIDA	っつい ンフ	12/12

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ARTICLE VII - I	NITIAL BOARD OF DIRECTO	RS
This corporation shall have either increased or diminished from time to time by the addresses of the initial director(s) of the corporation are	ONE directors initially.	
NAME ROBERT L. VAN	IDENBERG	
ADDRESS 11595 KELLY R	Cutton	
CITY FORT MYERS	O. STATE FL	774 - 8
NAME	JIMB F-L	ZIP.33408
ADDRESS	<u> </u>	
CITY	STATE	77TD
NAME	OIAL	ZIP
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	211
The names and addresses of the incorporators signing th		C 11
1 1 1		follows:
ADDRESS 15 OLS 1/211, P	NDENBERG.	
TO O REILY KI		16
NAME FORT MYERS	STATE	ZIP <i>3390</i> 8
ADDRESS		·
CITY		
	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these lay of	Articles of Incorporation this  19 6.	(Signature)
		(Signature)
		(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 11595 KEILY Rd Sure #101
ET MYERS TI
Polyer
has named KOBERT L. VANDENBERG
located at the aforesaid address, as its registered agent to accept service of process within this
state.
SS 1
mo → max
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 regis-
tered 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)

LLFOHNDIT