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DIVISION OF CORPORATIONS TO:

FAX #: (904)922-4001

FROM: AL CLARK

ACCT#: 072100000173

CONTACT: AL CLANK PHONE: (813)535-4211

FAX #: (813)547-8745

. NAME: DESIGNAMERICA OF PINELLAS INC.

AUDIT NUMBER...... H96000017387

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

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PAGES..... 3

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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.

ARTICLEI

The name of the corporation shall be:

DESIGNAMERICA OF PINELLAS INC.

ARTICLE II PRINCIPAL OFFICE

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

2840 W. BAY DR. FSTATE BEILEAIN BLUFFS ORDA FL. 34640

SHARES ARTICLE III

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

NO PAR

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

12600 S. BRILEHERERD AC CCARK PREPORAND BY SUITE 104 E 12600 S. BRECHER ED LATED 190. 33773 SOUTH 104 E 813-535-4211 LARGO 1=2. 33723

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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):

AC CLARE
12600 S. BILLEHER RD
SUITA 104 E
LARGO FC. 38723

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

10 day of DECKMBER 1996.

(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.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

OVERSTONED COKPORATIO	ONS OF SECTION 607.0501, FLOI N, ORGANIZED UNDER THE LAV OWING STATEMENT IN DESIGNAT IN THE STATE OF FLORIDA.	UC OF THE CT	water off
1. The name of the corporation is:	DESIGNAMERICA PINELLAS INC.	0 =	8: 07
7. The name and address after and	lateral and a la		

and address of the registered agent and office is:

AL	CLARK	
	(NAME)	
12600 S.	BECCHER RO	SuiTR 104E
(P.O. Box or M	fail Drop Box NOT ACCEPTABLE)	
LAR90	<u> </u>	
	(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.

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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