P97000011869

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

·	rate name - must include suff	ix) 10002077	- 526:
		-02/04/970 *****78.75	1182002 *****78.79
and one(1) copy of the article	es of incorporation and a c	check for :	-
\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL CO	PY REQUIRED	_
Jonos 1551, City, State	BE JUE. C. 3448 C. 2448		ONVISION FILED STATIONS ON TEB -4 PH 6: 22
	(Proposed corporated one (1) copy of the article \$78.75 Filing Fee & Certificate Joseph P. Smill Name (Printe Address A State City, State City, State Corporate City, State Corporate Corporate City, State City,	(Proposed corporate name - must include sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a composition of the sufficient one (1) copy of the articles of incorporation and a copy of the articles of incorporation and a copy of the articles of incorporation and a copy of the sufficient one (1) copy of the articles of incorporation and a copy of the articles of incorporation and a copy of the sufficient one (1) copy of the articles of incorporation and a copy of the articles of inco	Filing Fee & Certificate & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) Address Lowosassassassassassassassassassassassassas

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

9/2/5/97

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB -4 PM 6: 22

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:

SHINGLE BRITE OF ELOXIDY, INC.

ARTICLE II PRINCIPAL OFFICE

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

22515. BASCOMBE LUE. Homosass S, FL. 34448

ARTICLE III SHARES

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

ONE MILLION SHARES COMMON (1,000,000)

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

JOSEPH P. Smith 22515. BAS COMBE SUE: Homosassa, Fl. 39448

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):

JOSEPH P. JMITH 2251 5. BASCOMBE ALG. Homosassa, Fl. 39098

Notarization is not required

Signature

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

97 FEB -4 PM 6: 22

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 SUNGLE BRITE OF FORIM, IN	<u>د ·</u>
2.	The name and address of the registered agent and office is:	_
₩.		
	JOSEPH P. Smith	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	
	(P. O. BOX OF MAIL DIOP BOX NOT ACCEPTABLE) COMMON ASSA FL . 3 9-9-4-8 (CITY/STATE/ZIP)	
	(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.

Josef C. Smit Jas, 1797
(DATE)