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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	-
NonProfit Limited Liability	Resignation of R.A., Officer/ Director Change of Registered Agent	
Domestication Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Frademark Other	PRECEIVED 97 MAY - 9 PM 2: 33 1017ARDSAND 30 MOLEIVIO
CR21 - Vi-1951		Examiner's Initials

ARTICLES OF INCORPORATION

OF

OPTI-SAFE MASK COMPANY

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

<u>Name</u>

The name of the corporation shall be OPTI-SAFE MASK COMPANY.

ARTICLE II

Principal Office

The principal place of business of this corporation shall be 1713 Mahan Drive, Tallahassee, Florida, and the mailing address shall be Post Office Box 37247, Tallahassee, Florida 32315.

ARTICLE III

Capital Stock

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Ten Thousand (10,000) shares of common stock having a par value of Ten Cents (\$.10) per share.

ARTICLE IV

Initial Registered Agent and Address

The name and address of the initial registered agent is CHARLES R. GARDNER, 1300 Thomaswood Drive, Tallahassee, Florida 32312.

ARTICLE V

Incorporators

The name and street address of the Incorporator to these Articles of Incorporation is DEBORAH A. HELLINGS, Post Office Box 37247, Tallahassee, Florida 32315.

The undersigned has executed these Articles of Incorporation this _____ day of May, 1997.

Subscriber DEBORAH A. HELLINGS

STATE OF FLORIDA, COUNTY OF LEON.

BEFORE ME, the undersigned authority, personally appeared DEBORAH A. HELLINGS, who, first being duly sworn by me, and to me well known to be the individual described in the foregoing Articles of Incorporation, acknowledged to and before me that she executed the same for the purposes expressed therein.

WITNESS my hand and official seal on this 3^{tL} day of May, 1997.

NOTARY PUBLIC
My Commission Expires:

CHRISTINA L. BISCHOFF

MY COMMISSION # CC475291 EXPIRES
July 28, 1999

BOILD THE TROY BUT BURUNCE, INC.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

- 1. The name of the corporation is OPTI-SAFE MASK COMPANY.
- The name and address of the registered agent and office is CHARLES R.
 GARDNER, 1300 Thomaswood Drive, Tallahassee, Florida 32312.

Name: DEBORAH A. HELLINGS

Title: President Date: May g, 1997

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.

Registered Agent: CHARLES R. GARDNER

Date: May 3, 1997

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