## 1000044920

100 W. 63 ST APT A-2

MARATHON FL. 33050

Examiner's Initials

					Office Use Only
	CORPORATION	NAME	C(S) & DOCUMENT NU	MBER(	S), (if known):
	1. Ha	r 1d	leban II	) C.	#)
	2. <u>(Corp.</u>	oration l	Name) (I	Document	#)
	3(Corp	oration l	Name) (I	Document	#) - 9.
•	4(Согр	oration l	Vame) (I	Document	#)
	Walk in Mail out	_	up timePhotocopy	_	Certified Copy Certificate of Status
# P	NEW FILINGS		AMENDMENTS		ッ
./	Profit		Amendment		
V	NonProfit		Resignation of R.A., Officer/Di	rector	
	Limited Liability		Change of Registered Agent		
	Domestication		Dissolution/Withdrawal		MAY 21 1 18518
	Other		Merger		
	of the Africa which Medical actions in	undfelde.	and a secretary the second control of the se		
	OTHER FILINGS	쀌	REGISTRATION/		
	Annual Report	434	QUALIFICATION		
	Fictitious Name	-	Foreign		
	Name Reservation	-	Limited Partnership		
			Reinstatement		
		1	Trademork		

Other

## 'ARTICLES OF INCORPORATION

TO HANDLEBAR INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is:  HANDLEBAR INC.	I - CORPORATE NAME	THE STATE OF THE S
ARTIC  This corporation shall exist perpetually unless disso	CLE II - DURATION lved according to Florida law.	o. 13
ARTIC	CLE III - PURPOSE	
. The corporation is organized for the purpose of eng- United States and the State of Florida.	aging in any activities or busines	s permitted under the laws of the
The corporation is authorized to issue LOO s	NITIAL PRINCIPAL OFFICE	•
STREET ADDRESS 100 W 63 ST AA	or A2	
Mailing address, if different STREET ADDRESS	FLORIDA	zip 3 305°0
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL	REGISTERED OFFICE AND	AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME JOHN F	Norwood		
ADDRESS (OO L		A-2	
CITY MARATHO	NFL	FLORIDA	ZIP33050

## . ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(	) directors initially.	The number of directors may be
either increased or diminished from time to time by the By-Laws, addresses of the initial director(s) of the corporation are as follow		an one (1). The names and
		· · · · · · · · · · · · · · · · · · ·
NAME	DENNIS	MADDEN
ADDRESS (00 W-63 ST A	PT A=2	
CITY INARATHON	STATE FL	21P 33050
NAME WA		
ADDRESS		
CHY	STATE .	=== <del>Zibr</del>
NAME JOHN F. NORWOOD		
ADDRESS 100 W. 63 ST. APT	A-2	
CITY MARATHON	STATE FL	ZIP53050
ARTICLE VIII - IN	CORPORATORS	
The names and addresses of the incorporators signing these Artic	les of Incorporation are a	s follows:
NAME	DENNIS M.	ADDEN
ADDRESS ICC W. G3 ST. HPT	A-2	100
CITY MARATHON	STATE FL	zir 83056)
NAME		
ADDRESS-		
CITY	CTATE	<del>ZIP-</del>
NAME JOHN F. WORWOOD	<del></del>	
ADDRESS 100 W. 63 ST. A1	7 A-2	
CITY MARATHON	STAT FL	<del>₽<b>3305</b>⊙</del>
The undersigned incorporator(s) have executed these Artic	les of Incorporation this	s 20 th
day of APRIC	1997.	
	-) -1h 1	$\mathcal{A}$
<u></u>	Lerin / al	(Signature)
	·	_
		(Signature)
	27/2	197
$\sim$		(Signature)

## . CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

HANDLE BAR INC.

(name of corporation)	
	STEP 19
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is sub-	mitted:
The above corporation, organized under the laws of the State of Florida with its	registered office
as indicated in the Articles of Incorporation at $100 \text{ W} - 63 \text{ ST}$ , $APT A-2$	ORION ORION
MARATHON FL 33050	
has named JOHN F. NORWOOD	
located at the aforesaid address, as its registered agent to accept service of proce	ess within this
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)