97 MAY 28 - ATTIO: 00

AGROSS LA COMBA

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

SUBJECT:	Mower Med	rporate name - must include	e suffix)	_
	(FTOposia co	•	400002193 -05/28/97	B O94 2 -01049004 5 ****131.25
Enclosed is an original ar	nd one(1) copy of the articles	of incorporation and a c	heck for :	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: John Parker Wambach Name (Printed or typed) 383 Raleigh Place Address Ourseld Fl. 32765				
_	City,	State & Zip		:
_	407 Daytime T	568-3382 elephone number		2 2 9
NO	TE: Please provide the o	State & Zip 568-3382 elephone number riginal and one copy o	Of 2 (9

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ARTICLES OF INCORPORATION

97 HAY 23 TAND: 00

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

341. 1 (CX)A

ARTICLE I NAME

The name of the corporation shall be:

Mower Medic Inc.

ARTICLE II PRINCIPAL OFFICE

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

383 Raleigh Place Ovièbo, Fl. 32765

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John Parker Wandoach

383 Raleigh Place ouiedo, Fl. 32765 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John Parker Wamball 383 Raleigh Ploviedd, Fl 32765 Weldon B. Holmes 625 Goshen CT. orlando. 32828

(An additional article must be added if an effective date is requested.)

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/Registered Agent