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HOWARD R. WOMELDORPH, JR., CPA
6489 PARKLAND DRIVE
SARASOTA, FLORIDA 34243

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*****70.00 *****70.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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NEW FILINGS	
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

691-8804
542 624

MAY 29 1997

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 16, 1997

HOWARD R WOMELDORPH JR CPA
6489 PARKLAND DRIVE
SARASOTA, FL 34243

SUBJECT: ALLBRITE ENTERPRISES, INC.
Ref. Number: W97000008804

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TALLAHASSEE, FLORIDA

We have received your document for ALLBRITE ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 497A00019180

ARTICLES OF INCORPORATION

OF

ALLBRITE ENTERPRISES OF SARASOTA, INC..

These Articles of Incorporation are made and subscribed for the purposes of organizing a corporation for profit under the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE I - NAME AND PRINCIPAL ADDRESS

The name of this corporation is:

ALLBRITE ENTERPRISES OF SARASOTA, INC..

The principal address of the corporation is:

2614 DeSoto Road

Sarasota, FL 34234

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PURPOSE

This corporation is organized for the purposes of transacting any or all lawful business.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue one million (1,000,000) shares of common stock, par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 2614 DeSoto Road, Sarasota, FL 34234 and the name of the initial registered agent is TIMOTHY D. POWERS.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The initial Board of Directors of this corporation shall be:

TIMOTHY D. POWERS

Address: 2614 DeSoto Road

Sarasota, FL 34234

ARTICLE VI - RESTRICTIONS ON MEMBERSHIP TO BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time, by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII - INCORPORATION

The name and address of the person signing these Articles is:

TIMOTHY D. POWERS

2614 DeSoto Road

Sarasota, FL 34234

ARTICLE VIII - BYLAWS

The power to adopt, alter, amend, or repeal Bylaws shall be vested in the shareholders, and except to the extent limited by the shareholders, in the Board of Directors.


ARTICLE IX - DURATION

The existence of this corporation shall commence on the date of filing these Articles, and shall be perpetual.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend, alter, change, or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, in the manner now or hereafter prescribed by law, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 8th day of April, 1997.


TIMOTHY D. POWERS
Incorporator

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on this 8th day of April, 1997, before me, an officer duly authorized and acting, personally appeared TIMOTHY D. POWERS, to me known and known to me, or who has produced _____ as identification to be the individual described in and who executed the foregoing instrument and acknowledged then and there before me that he executed said instrument.

WITNESS MY HAND and official seal in the County and State aforesaid this day and year listed above written.


Notary Public
My commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

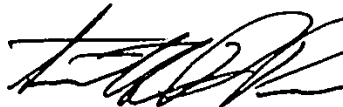
In pursuant of Chapter 48.091, Florida Statutes, the following is submitted
in compliance with said Act:

First -- That ALLBRITE ENTERPRISES, INC. ^{of Sarasota,} desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at city of Sarasota, County of Sarasota, State of Florida has named TIMOTHY D. POWERS located at 2614 DeSoto Road, City of Sarasota, County of Sarasota, State of Florida, as its agent to accept service process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:



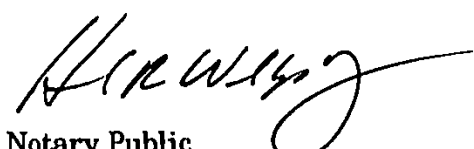
TIMOTHY D. POWERS
Registered Agent

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97 MAY 27 AM 11:08
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on this 8th day of April, 1997, before me, an officer duly authorized and acting, personally appeared TIMOTHY D. POWERS, to me known and known to me, or who has produced _____ as identification to be the individual described in and who executed the foregoing instrument and acknowledged then and there before me that he executed said instrument.

WITNESS MY HAND and official seal in the County and State aforesaid this the day and year last aforementioned.



Notary Public
My commission expires: