## ATOMOSE POR DELETE

97 OCT 21 AN II 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

fixuminor's Initials

| Thomas W. Lager                     |               |
|-------------------------------------|---------------|
| (Requestor's Name) 354 Office Plaza |               |
| (Address)                           |               |
| Tallahassee, Fr.                    | 32201 055 000 |

(Phone #)

Other

CR2E031(10/93)

(City, State, Zip)

OFFICE USE ONLY

| CORPORATION NAI   | ME(S) & DOCUMENT NUME          | BER(S) (if known):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 1.                | tion Name)                     | FariD. Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2                 | auth Name)                     | (Document )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Carporn<br>3.    | gou Nima)                      | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                   | sion Nume)                     | (Document 4) OCT FT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Corpora          | tion Name)                     | (Document #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Walk in P         | lick up time                   | Certified Copy ORPOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mail out          | Will wait Photocopy            | Certified Copy Conformation Confidence of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NEW FILINGS       | AMENDMENTS                     | 모 모                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Profit            | Amendment                      | ACCOUNT AND A COUNTY OF THE CO |
| NonProfit         | Resignation of R.A., Officer/D | Disperse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Limited Liability | Change of Registered Agent     | 9000023254555<br>-10/21/9701035001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Domestication     | Dissolution/Withdrawat         | ****122.50 ****122.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Other             | Morgor                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OTHER FILINGS     | REGISTRATION/                  | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Annual Report     | Foreign                        | 207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Fictitious Name   | Limited Partnership            | - Hall 1007 2 1 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name Reservation  | Reinstatement                  | 6 Hall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   | Tradomark                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

ARTICLES OF INCORPORATION

FILED

OF.

97 OCT 21 AM II: 13

ORLANDO LIGHTING & GRIP, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607, of the revised Florida Statutes, herewith submits the following information:

- 1. The name of the corporation is ORLANDO LIGHTING & GRIP, INC.
- 2. The duration of the corporation shall be perpetual.
- 3. The general purpose(s) for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this Chapter.
- 4. The aggregate number of shares which the corporation shall have authority to issue is one thousand (1,000), all without par value and of one class.
- 5. The principal address and mailing address of the corporation will be 718 South Willow Avenue, Tampa, Florida 33606.
- The name of its initial registered agent is George Keith Slade, 718 South Willow Avenue, Tampa, Florida 33606.
- 7. The number of Directors constituting the initial Board of Directors is two (2) and the name and address of each person who is to serve as a member thereof are as follows:

George Keith Slade 718 South Willow Avenue Tampa, Florida 33606 John Catan 415 Palm Lane Clermont, Florida 34711 8. The name and address of the sole incorporator is:

George Keith Slade 718 South Willow Avenue Tampa, Florida 33606

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

| <b>\</b>       |                    |
|----------------|--------------------|
| DATE: 10 17 97 | George Kirth Sell  |
|                | GEORGE KEITH SLADE |

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

| 9           | The foregoing instrument was | acknowledged before me this 17th day of             |
|-------------|------------------------------|-----------------------------------------------------|
| (tober      | , 1997, by GEORGE KEITH      | SLADE, who is personally known to me or who has     |
| produced FC | D. 5430-311-68-019-D         | as identification and who did/did not take an oath. |



Shouelle R. Solonism NOTARY PUBLIC Printed Name: Shonelle R. Solomon

My Commission Expires: 7-25-99

I, the undersigned, hereby accept appointment as registered agent of the above-named corporation.

718 South Willow Avenue

Tampa, Florida 33606 (813) 254-1396