DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

100002342291--7 -11/10/97-01024-018 *****78.75 ******78.75

SUBJECT: TAYLOR CAMS, INC.

Dear Sir:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75 for Filing Fee and Certificate

FROM: TAYLOR CAMS, INC.

WILLIAM L TAYLOR 512 SANFORD AVE SANFORD, FL 32771 (407) 322-5464

Sincerely,

JUDITH A LONG

SECRETARY OF SIAITONS
DIVISION OF CERFORATIONS
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11/397

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATORS, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TAYLOR CAMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

512 SANFORD AVE SANFORD, FL 32771

ARTICLE III

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

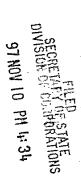
1000 shares

ARTICLE IV INITIAL REGISTRED AGENT AND STREET

ADDRESS

The name and address of the initial registered agent is:

WILLIAM L TAYLOR 512 SANFORD AVE SANFORD, F1 32771



ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

WILLIAM L TAYLOR 512 SANFORD AVE SANFORD, FL 32771

The undersigned incorporators have executed these Articles of Incorporation this 4th day of NOVEMBER ,1997.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

1. The name of the corporation is: TAYLOR CAMS, INC

REGISTERED OFFICE

2. The name and address of the registered agent and officr is:

WILLIAM L TAYLOR 512 SANFORD AVE. SANFORD, FL 32771

Having been named as registered agent and to accept service of process for the above state corporation at the place designated

in this certificate, I herby 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

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SECRETARY OF STATE