Department of Scale Division of Corporations

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

SUBJECT: Gulf Coast Innact Hoducts, Wich (Proposed corporate namel-must include suffix)

100002543091--8 -06/01/98--01142--005 ******70.00 ******70.00

Enclosed is an original ar	nd one(1) copy of the article	es of incorporation and a c	check for :	
\$70.00 Filing Fee	Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	1127-44 F Ft. Muer	Printed or typed) Penner Lo Address 1. 339 y, State & Zip	SECRETARY OF PALLAHASSEE F	The state of the s
	941-Z Daytime	75.4866 Telephone number	1 3: 28	
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION The undersigned incorporator, 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: Gulf Coast Impact Products, Shc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 7127-44 Penner Lane Ft. Myers, Fl. 33907 SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and Florida street address of the initial registered agent are: Ronda R. Pilz 7127-44 Henner bane Ft. Myers, Fl. ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: ipnda K. 127-44 Henner Lane

(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

Signature/Incorporator

Date