

**P080000065578**

Requestor's Name

**INDUSTRIAL SOLUTIONS  
333 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224  
904-846-9548**

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-07/08/98--01026--003  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<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

**FILED**  
98 JUL 27 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOV 27 1998**  
**NOV 9 1998**

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 9, 1998

INDUSTRIAL SOLUTIONS  
4398 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

SUBJECT: INDUSTRIAL SOLUTIONS  
Ref. Number: W98000015609

We have received your document for INDUSTRIAL SOLUTIONS and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 698A00036715

# Articles of Incorporation of

INDUSTRIAL SOLUTIONS OF JACKSONVILLE INC.

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TALLAHASSEE FLORIDA

THE UNDERSIGNED, acting as incorporator of a corporation, adopts the following Articles of Incorporation for such corporation:

1. The name of the corporation is INDUSTRIAL SOLUTIONS OF JACKSONVILLE INC.
2. The period of duration of the corporation is perpetual.
3. The purpose or purposes for which the corporation is organized are to engage in the distribution and manufacturing of industrial supplies and to do everything necessary, proper, advisable, or convenient for the accomplishment of said purposes, and to do all other things incidental to them or connected with them that are not forbidden by the state of Florida. In addition to the stated purpose, the corporation is authorized to conduct all lawful business activity in the state and outside.
4. Authorized Shares.  
Number. The aggregate number of shares that the corporation shall have the authority to issue is 100,000 shares of Capital Stock with a par value of \$ .01 per share.  
Initial issue. 100 shares of the Capital Stock of the corporation shall be issued for cash at a par value of \$1.00 per share.  
Dividends. The holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Board of Directors, dividends payable either in cash, in property, or in shares of the capital stock of the corporation.  
No classes of stock. The shares of the corporation are not to be divided into classes.
5. The street address of the initial office of the corporation is 4398 Ripken Circle East, and the name of the initial registered agent at such address is Myron Warren Pincomb.
6. The initial Board of Directors shall consist of 1 members, who need not be residents of this state or shareholders of the corporation. The names and addresses of the persons who shall serve as directors until the first annual meeting of shareholders, or until their successors have been elected and qualified, are as follows:

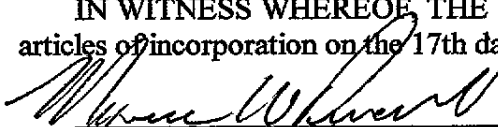
Name	Number & Street, City, State, Zip Code
Myron Warren Pincomb	4398 Ripken Circle East Jacksonville, FL 32224

8. The name and address of the initial incorporator is as follows:

Name	Number & Street, City, State, Zip Code
Myron Warren Pincomb	4398 Ripken Circle East Jacksonville, FL 32224


9. An affirmative vote of all of the shares of the corporation shall be required for any shareholder action.
10. The shareholders shall have the power to adopt, amend, alter, change, or repeal the articles of incorporation when proposed and approved at a stockholders meeting with not less than a majority vote of the common stock.
11. The holders of the common stock of this corporation shall have preemptive rights to purchase, at prices, terms, and conditions that shall be fixed by the Board of Directors, such shares of stock of this corporation as may be issued for money, or any property or services from time to time, in addition to that stock authorized and issued by the corporation. The preemptive right of any holder is determined by the ratio of the authorized and issued shares of common stock held by the holder to all shares of common stock currently authorized and issued.
12. The shareholders of this corporation shall be allowed to vote their shares cumulatively so as to give one candidate as many votes as the number of directors to be elected multiplied by the number of their shares, to distribute them among as many candidates as they may wish. Notice must be given by any shareholder to the President or a Vice President of said corporation not less than 24 hours prior to the time set for the holding of a shareholders meeting for the election of the directors that said shareholder intends to cumulate his vote at said election.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed these articles of incorporation on the 17th day of July, 1998.

  
\_\_\_\_\_  
State of FLORIDA  
County of DUVAL Incorporators

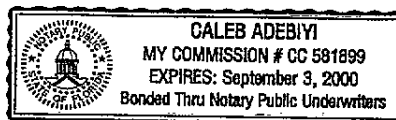
Before me, the undersigned authority, personally appeared Myron Warren Pincomb, who are to me well known to be the persons described in and who subscribed the above articles of incorporation, and they did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal in said county and state this 17th day of July, 1998

  
\_\_\_\_\_  
Notary Public, state of FLORIDA

Printed Notary Name

My Commission Expires: \_\_\_\_\_



## CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

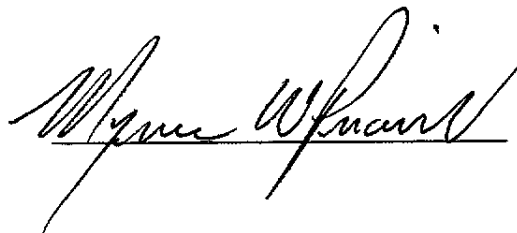
Pursuant to Sections 48.091 and 607.0501, Florida Statutes (1995), the following is submitted:

Industrial Solutions of Jacksonville INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the County of Duval, State of Florida, has named as its agent to accept service of process within this State:

Myron Pincomb  
4398 Ripken Circle East  
Jacksonville, FL 32224

### ACKNOWLEDGMENT:

Having been named as Registered Agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of the Act. 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.



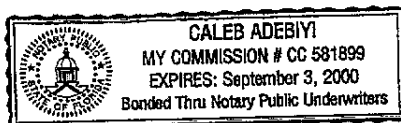
STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 6th day of July, 1998, by Myron Pincomb, who is personally known to me.



Notary Public

My Commission Expires:



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CLERK OF STATE  
TALLAHASSEE FLORIDA