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LAW OFFICES OF  
**OLIVER H. HARRIS, III**  
10 CENTRAL PARKWAY, SUITE 240  
STUART, FLORIDA 34994  
(561) 287-9101 / (561) 744-0166  
FACSIMILE: (561) 287-9102

AUGUST 5, 1998

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

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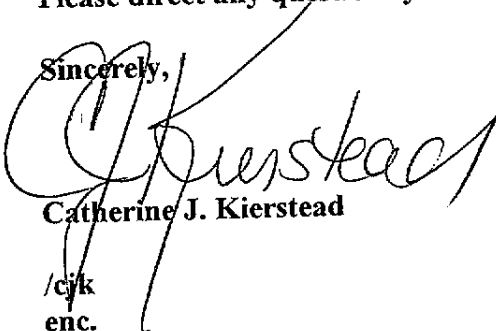
RE: REFLECTIONS RESTORATION, INC.

Dear Sir/Madam:

Enclosed please find the executed ARTICLES OF INCORPORATION of  
REFLECTIONS RESTORATION, INC., together with one copy and filings fees.  
Please file this corporation and return one certified copy to this office via the  
enclosed envelope.

Please direct any questions you may have to this office.

Sincerely,

  
Catherine J. Kierstead  
/cjk  
enc.

APPROVED  
AND  
FILED  
98 AUG 10 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: PLEASE NOTE THAT THERE WAS A SPELLING  
ERROR. THE ADDRESS IS 421 S.W. HORSESHOE  
BAY.....

B. BROCK AUG 13 1998

**ARTICLES OF INCORPORATION  
OF  
REFLECTIONS RESTORATION, INC.**

**THE UNDERSIGNED**, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

**FIRST:** The name of the corporation is **REFLECTIONS RESTORATION, INC.**

**SECOND:** The period of the corporation is perpetual.

**THIRD:** The purpose for which the corporation is organized is for any activity or business permitted under the laws of the United States and of this State.

**FOURTH:** Authorized Shares.

**NUMBER:** The aggregate number of shares that the corporation shall have the authority to issue is 300 shares of Capital Stock with 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.

**NO SHARE IN SERIES:** The corporation is not authorized to issue shares in series.

**FIFTH:** The principal office of the Corporation shall be at 421 S.W. <sup>LS</sup>Horseshoe Bay, Port St. Lucie, FL 34986  
HORSESHOE

**SIXTH:** The name and address of the initial registered agent and office is Michael Scellato, 421 S.W. <sup>LS</sup>Horseshoe Bay, Port St. Lucie, FL 34986  
HORSESHOE

**SEVENTH:** The initial board of directors shall consist of 1 member who need not be (a) resident(s) of the State of Florida.

**EIGHTH:** The name and address of the person(s) who shall serve as director until the first annual meeting of shareholders, or until (a) successor(s) *is/are* elected and qualified, *is/are* as follows:

<u>NAME</u>	<u>ADDRESS</u>
MICHAEL SCELLATO	421 S.W. <sup>LS</sup> Horseshoe Bay, Port St. Lucie, FL 34986 HORSESHOE

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NINTH:** The name(s) and address(es) of the initial incorporator(s) *is/are* as follows:

<u>NAME</u>	<u>ADDRESS</u>
MICHAEL SCELLATO	421 S.W. <sup>ES</sup> Horshoe Bay, Port St. Lucie, FL 34986 HORSESHOE

**TENTH:** 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.

**ELEVENTH:** The Bylaws of the Corporation are to be made, altered or rescinded by the Member(s) of the Board of Directors.

**TWELFTH:** The officers of the corporation who shall conduct the business of the corporation during the first year of its existence or until his/their successor(s) *is/are* elected or qualified shall be as follows:

<u>NAME</u>	<u>ADDRESS</u>
MICHAEL SCELLATO <i>President</i>	421 S.W. <sup>ES</sup> Horshoe Bay, Port St. Lucie, FL 34986 HORSESHOE
MICHAEL SCELLATO <i>Secretary and Treasurer</i>	421 S.W. <sup>ES</sup> Horshoe Bay, Port St. Lucie, FL 34986 HORSESHOE

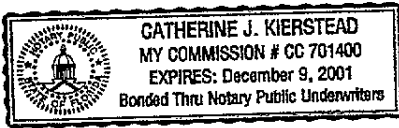
**IN WITNESS HEREOF**, the Undersigned has made and subscribed to these Articles of Incorporation at Stuart, Florida, on this 4 day of August, 1998.

  
MICHAEL SCELLATO

**STATE OF FLORIDA**  
**COUNTY OF MARTIN**

**BEFORE ME**, the undersigned authority, personally appeared MICHAEL SCELLATO, who did produce AKA Driver's Lic as identification, and who did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Stuart,  
Florida in said County and State this 4th day of August, 1998.



*Catherine J. Kierstead*  
NOTARY PUBLIC  
My Commission Expires:

I HEREBY ACCEPT APPOINTMENT AS THE REGISTERED AGENT:

*Michael Scellato*

MICHAEL SCELLATO

REGISTERED OFFICE: 421 S.W. Horseshoe Bay, Port St. Lucie, FL 34986  
HORSESHOE

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