

TRANSMITTAL LETTER

P98000088797

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

300002665173--4
-10/16/98-01027-021
*****78.75 *****78.75

SUBJECT: Nylon Design Specialties, Inc.
(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 16 AM 9:28

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: David T. Lozensky
Name (Printed or typed)

6505 High Corner Rd
Address

Brooksville FL 34602
City, State & Zip

352-796-4266
Daytime Telephone number

F. CHESSEN OCT 19 1998

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:

Nylon Design Specialties, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6505 High Corner Road
Brooksville, FL 34602

P.O. Box 15396
Brooksville, FL 34609

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agent are:

David T. Lozensky
6505 High Corner Road
Brooksville, FL 34602

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

David T. Lozensky
6505 High Corner Road
Brooksville, FL 34602


Signature/Incorporator

10-5-98
Date

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

10-5-98
Date

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