

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

SUBJECT: BRER FOX PRODUCTS OF TAMPA BAY, INC

(Proposed corporate name - must include suffix)

1.11

900002734909--2 -01/08/99--01066--021 \*\*\*\*\*236.25 \*\*\*\*\*\*78.75

Enclosed is an origina for:  \$70.00 Filing Fee	l and one (1) co \$78.75 Filing Fee & Certificate	\$1,22,50 Filing Fee & Certified Copy  Additional Cop	\$121:25 Filing Fee, Certified Copy & Certificate	and a check  SECRETARY  SECRETARY
FROM:		ons		DF STATE
	8635 Leighton Drive			Sm w
	Address		<u> </u>	<b>99</b> 刀
	Tampa, Florida 33614			
	City, State & Zip		5	
	1-813-931-3068			ECEIVE
	Daytime Telephone number			E STATE
		150		*** :: : : : : : : : : : : : : : : : :

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:

BRER FOX PRODUCTS OF Tampa Bay, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

353 Colonial Ct. Dunedin, Florida 34698

## ARTICLE III SHARES

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

50 Shares of Common Stock @ \$10.00 per share

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert X.Lyons 8635 Leighton Drive Tampa, Florida 33614

#### ARTICLE V INCORPORATOR

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

Andrew L. Stiggard 353 Colonial Ct. Dunedin, Florida 34698

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12-86-98

(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

Date

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	BRER FOX PRODUCTS_O	TAMPA BAY, INC.	
2. The name and address of the registered	ed agent and office is:	,	
Robert X.Ly	Ons (Name)		
8635 Leight	on Drive Mail Drop Box <u>NOT</u> ACCEPTABLE)	JAN - I	
Tampa, Flor		SEE, FLO	-
	(City/State/Zip)	I: 43	

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) 12-20-98
(DATE)