

Scott Smith

Requestor's Name

CABLE PROMARK INC.
229 Airport Rd. S.

Address

Naples, Fl. 34104

City/State/Zip

Phone #

941-263-2331

200002783342--3

-02/22/99-01124-012

*****70.00 *****70.00

Office Use Only

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

1. *9900017820*
(Corporation Name) (Document #)

2. *9900017820*
(Corporation Name) (Document #)

3. *Pro Mark Industries Inc.*
(Corporation Name) (Document #)

4. *Pro Mark Industries Inc.*
(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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Examiner's Initials

ARTICLES OF INCORPORATION
OF
PRO MARK SOLUTIONS, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt the following articles of incorporation:

ARTICLE I

NAME

The name of the corporation is **PRO MARK SOLUTIONS, INC.**

ARTICLE II

DURATION

The term of existence of the corporation is perpetual.

ARTICLE III

PURPOSE

The corporation is formed to provide national marketing promotions and to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 7,500, all of which shall be common shares with a par value of \$1.00

ARTICLE V

PRINCIPAL OFFICE, REGISTERED OFFICE & MAILING ADDRESS

The principal place of business, and mailing address of the corporation is 229 South Airport Road, Naples, Florida 34104. The name of the initial registered agent is Scott S. Smith and the registered office is at 229 South Airport Road, Naples, Florida, 34104. The registered offices' phone number is 941-263-2331.

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STATE OF FLORIDA

COUNTY OF COLLIER

ck add. On this 19 day of Feb., 1999, before me personally appeared Scott ^{S.} Smith, Florida Drivers License Number S 530-797-50-442-0 and Sharon Blankenbaker-Smith, Florida Drivers License Number S 530-782-59-954-0, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Michele A. Blazina

Notary Public

My Commission Expires: 10-05-01



Michele A. Blazina
MY COMMISSION # CC680011 EXPIRES
October 5, 2001
BONDED THRU TRACY FAIN INSURANCE, INC.


CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the following is submitted in compliance with said act:

That , 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 COLLIER, State of Florida, has named Scott S. Smith, located at 229 South Airport Road, Naples, Florida, 34104, County of COLLIER, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Scott S. Smith
S. Smith
OK S.S.
2-19-99
Date

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TALLAHASSEE FLORIDA