## TRANSMITTAL LETTER

# P99000021328

ing, Products, Inc

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

000002794460--2 -03/04/39--01059--009 \*\*\*\*\*78.75 \*\*\*\*\*78.75

	V X		,				
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 of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO					
FROM: Name (Printed or typed)							
	290 EYRE AVENUE Address						
	Merritt Isla	Nd, FL 339 State & Zip	SECKE I'S	99 <b>3 11</b>			
	407 - 4 Daytime Te	/53-59/6 lephone number	SEE, FLORI	PH 2: 12			

NOTE: Please provide the original and one copy of the articles.

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#### 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.

<u>ARTICLE</u>	I	<i>NAME</i>

The name of the corporation shall be:

Material Handling Products, Inc.



#### ARTICLE II PRINCIPAL OFFICE

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

290 EYRE AVENUE MOMITH ISLAND, FL 32953

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAN McFadden 290 EYRE AVE Merrith Island, FL 32953

### ARTICLE V INCORPORATOR

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

Kathleen McFadden 290 EYRE AVE Merritt Island FL 32953

Signature/Incorporator

Date

(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

Doto