P99000054696

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (proposed corporate name) Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 78.75 . FROM: Name (printed or typed) Address 33068 City, State, & Zip Telephone Number

Note: Please provide the original and one copy of the Articles.

J 6/16

ARTICLES OF INCORPORATION

OF

AEROSPACE TOOL & STAMPING, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AEROSPACE TOOL & STAMPING, INC.

ARTICLE II PRINCIPAL OFFICE

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

4989 S.W. 8 COURT MARGATE, FC. 33068

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 address of the initial registered agent is:

DAVID P. MCBRIDE 4989 S.W. 8 COURT MARGATE, FL. 33068

ARTICLE V INCORPORATOR(\$)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LILLIAN MCBRIDE 4989 S.W. 8 COURT MARGATE, FL. 33068

The undersigned i	incorporator(s)	has(have) execut	ted these Art	icles of Incorp	oration this
4	day of	MAY	, 19	99 .	
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			nature	- Cince	
		Sig	jnature		_
		Sig	gnature		

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: AEROSPACE Tooc	£	STAMPING
	INC,	·	
2.	The name and address of the registered agent and office is:		
	DAVID MCBRIDE	-	
	(NAME)	Ţ	-
	4989 S.W. 8 COURT	Kahalin va ⊢f	ALLANDESSECULE BELLEVILLE
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		Nass Valla
	MARGATE, FL. 33068	,	
•	(CITY/STATE/ZIP)		: 56 ATE ORIDA

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	Mille		
DATE	5-4-99		