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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	VIKING ENGIN (Proposed corpora	JEPPED PROC ate name - must include suf	PUCTS, INC	- -
·		<u></u>	00002914 -06/24/990 *****87.50	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	check for :	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	P. O. Box	LHEIM inted or typed) 4376 ddress	-	
	Pensacola City, S	32 State & Zip	513	
Daytime Telephone number				

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.

ARTI(CLE	I	NAME
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The name of the corporation shall be:

VIKING ENGINEERED PRODUCTS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

POST OFFICE BOX 9376 PENSACOLA, FL 32513

ARTICLE III SHARES

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NELS KVALHEIM 500 E. CROSS STREET PENSACOLA, FL 32503

ARTICLE V INCORPORATOR

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

NELS KVALHEIM 500 E. CROSS STREET PENSACOLA, FL 32503

Signature/Incorporator

Date

N.C. KVALHEIM

(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

N.C. KVALHEIM