TRANSMITTAL LETTER

FILED 99 AUG 23 AM 9:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327

P. O. Box 6327 Tallahassee, FL 323	14	·	
SUBJECT:	AFE-ONE SAFET	4 Supplies , rate name I must include sur	INC»
		3	000029667 -08/23/9901( *****87.50 *
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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Cony Wither Name (Pr	SODON) inted or typed)	
1115 N.E. 129 Street Address			
No Mani JEC 33161 City, State & Zip			
(305) 215-7233 Daytime Telephone number			

OM NITHEMARN GAVE UTHORIZATION BY PHONE TO ORRECT ALE TO ATE 8/32/94

NOUNOTE: 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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE</u> I NAME The name of the corporation shall be: SAFE-ONESAFETY Supplies, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1115 N.E. 129 STREET, N.Miamin FC 3316/

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: (x)itheaspoon The name and address of the incorporator to these Articles of Incorporation are: ithers DOON N.MIAMI, FL 33161 Signature/Incorporator

(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 fregistered agent

Signature/Registered Agent

Date