P9900099897 TRANSMITTAL LETTER

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

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SUBJECT:		ANU FACTURING		_ - :
	EFFECTIVE DATE	na .		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	ST8.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED 	
FROM: Michael O'Neill Name (Printed or typed) 951 Commerce Blud. N. Address				1 AON 66
		34243 State & Zip	ASSEE, FLORID/	FILED 99 NOV 12 PM 1:35
	<u>991-351-8</u> Daytime Te	366 Ilephone number	>	

T. Burch NOV 1 5 1999

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

<u>Articl</u>e I NAME

The name of corporation shall be SHIMMER MANUFACTURING, INC.

Article II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 951 COMMERCE BOULEVARD NORTH, SARASOTA, FLORIDA 34243.

Article III SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is SEVEN THOUSAND FIVE HUNDRED (7,500) shares of common stock with a par value of ONE DOLLAR (\$1.00) per share.

Article IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are MICHAEL O'NEILL, 8329 SYLVAN WOODS DRIVE, SARASOTA, FLORIDA 34243.

<u>Article</u> V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are MICHAEL O'NEILL, 8329 SYLVAN WOODS DRIVE, SARASOTA, FLORIDA 34243.

Article VI EFFECTIVE DATE OF INCORPORATION

The effective date for incorporation shall be the FIRST DAY OF JANUARY OF THE YEAR TWO-THOUSAND (01/01/2000)

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

State of FLA. CNty of Savasta FLDL# 054 0545662630 Michael E. ONeill Alisa Muestberry



11/8

