



**CERTIFICATE OF ASSUMED BUSINESS NAME**

(All Corporations)

State Form 30353 (R7/4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. EC1  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

Indiana Code 23-15-1-1, et seq.

**INSTRUCTIONS:**

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located.  
A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.

Please TYPE or PRINT.

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**FILING FEES PER CERTIFICATE:**  
For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.0  
Not-For-Profit Corporation \$26.0  
Certificate - Additional \$15.0

MORRIS W. CARP  
RECORDER

1. Name of Corporation KR KLIMOWSKI REMOLDING 2. Date of Incorporation / admission 10/8/99

3. Principal office address of the Corporation (street address) 13558 86TH AVE  
City, state and ZIP code ORLANDO FL 32817

4. Assumed business name(s) KLIMOWSKI REMOLDING

5. Address at which the Corporation will do business under assumed business name (street address) 13558 50 86TH AVE ORLANDO FL 32817  
City, state and ZIP code ORLANDO FL 32817

6. Signature [Signature] 7. Printed name MARIA KLIMOWSKI  
CHARLES BOERINGER

STATE OF Indiana

COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 8th day of October, 1999.

Notary Public, [Signature]

My Notarial Commission Expires: 3/29/02

My County of Residence is: Lake

I, \_\_\_\_\_ Recorder of \_\_\_\_\_ County, State of Indiana,  
certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Recorder Signature

This instrument was prepared by:

10.06  
E.P.  
CS