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STANLEY M. POLSON
Post Office Box 96
Fort Walton Beach, FL 32549
Telephone: (850) 685-5004

Fax: (850) 863-4525 E-mail: <u>spolson@cox.net</u>

November 2, 2004

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 (850) 245-6052

Re: Articles of Incorporation of PLUMBING SUPPLY, INC.

Dear Sir/Madam:

Enclosed please find the original and three (3) copies of the Articles of Incorporation on the above-mentioned for filing, along with a check in the amount of \$70.00 for said filing.

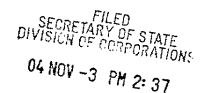
Please date stamp the enclosed copies and return to me.

Thank you for your assistance in this matter.

Sincerely,

Stanley M. Polson

Enclosures



ARTICLES OF INCORPORATION

OF

PLUMBING SUPPLY, INC.

ARTICLE I - NAME AND PRINCIPAL ADDRESS

The name of this Corporation is **PLUMBING SUPPLY**, **INC.**, hereinafter referred to as "Corporation." The principal and mailing addresses of this Corporation are as follows:

principal street address: 252 Eglin Parkway

Fort Walton Beach, FL 32548

mailing address:

P. O. Box 96

Fort Walton Beach, FL 32549

ARTICLE II - DURATION

This Corporation shall exist perpetually commencing on the date of filing of these Articles of Incorporation.

ARTICLE III - PURPOSE

This Corporation is organized for the purposes of transacting any and all lawful business not inconsistent with the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue Five Thousand (5,000) shares of One Dollar (\$1.00) value common stock.

ARTICLE V - PREEMPTIVE RIGHTS

. . .

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his/her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent and office of this Corporation shall be as follows:

STANLEY M. POLSON 252 Eglin Parkway Fort Walton Beach, FL 32548

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial Director of this Corporation is as follows:

STANLEY M. POLSON P.O. Box 96 Fort Walton Beach, FL 32549

ARTICLE VIII - INDEMNIFICATION AND CIVIL LIABILITY IMMUNITY

The Corporation shall indemnify each Director, Officer, employee, and agent, to the fullest extent allowed by law, including but not limited to Florida Statutes Chapter 607. It is intended that the Directors, Officers, employees, and agents be immune from civil liability to the extent provided under Florida Statutes Chapter 607 and other similar laws.

ARTICLE IX - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is as follows:

STANLEY M. POLSON P.O. Box 96 Fort Walton Beach, FL 32549

ARTICLE X - SECTION 1244 STOCK

It is the intent of this charter that the Directors may sell the capital stock of the Corporation in accordance with the conditions of Sections 1242-1244, inclusive, of the Internal Revenue Code of 1954, as amended.

<u>ARTICLE XI - AMENDMENT</u>

These Articles of Incorporation may be amended in the manner provided by law.

The Directors of this Corporation shall have the power to make and amend the By-Laws of this Corporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this ______ day of November, 2004.

STANLEY M. POLSON

STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 2dd day of November, 2004, by STANLEY M. POLSON, who personally appeared before me at the time of notarization, and who did take an oath acknowledging that he executed the foregoing Articles of Incorporation freely and voluntarily for the purposes therein expressed.

NOTARY PUBLIC:

sign

print/type: Edna Hoke

Okaloosa County, Florida

Commission No.:

My Commission Expires:

Personally Known ____ OR Produced Identification _____

Type of Identification Produced:

ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated Corporation, at the place designated in the Articles of Incorporation, 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.

STANI'EY M. POLSON

SECRETARY OF STATE