OCIODOS3441 (SAMPLE LETTER OF TRANSMITTAL)

DATE SEPT 22, 1997

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

Re: ESB CONSTRUCTORS, Inc.

5.00002303635---E -09/25/97--01092--008 ****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

ROBERT M. BONDY
(Individual's Name)

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

P.O. BOX 941248

MAITLAND, FL

32794

- PHONE

(90/) 034-0532 Area Code Number

Ext.

ARTICLES OF INCORPORATION

ESB CONSTRUCTORS, INC.

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 5.R. 434 SUITE 109 WOOD FLORIDA LONITWOOD ZIP 32750

Mailing address, if different

ACCUPAL DE DATE P.O. BOX 941248 ZIP 32794 MAITLAND FLORIDA CITY

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME BOPS A. VARMA	·	
ADDRESS 1425 S.R. 434	SUITE 109	
CITY LONGWOOD	FLORIDA	ZIP 32750

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PAGE 1

SEMINOLE-MIAMI (8-93)



The Yellow top sheet on this form is your WORK SHEET. Detach this part and use for preparation prior to filling in

ARTICLE VII - INITIAL BOARD OF DIRECTORS

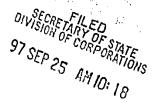
	7 - Nimer State of Comments of the Comments of	
This corporation shall have	(2) directors initially. Th By-Laws, but shall never be less thar	
addresses of the initial director(s) of the corporation are	as follows:	
NAME ROBERT M. BOND	<u> </u>	
ADDRESS 1425 S.R. 434	SUITE 109	
CITY LONG-WOOD	STATE FL	ZIP 32-750
NAME STEVE R. EARL		
ADDRESS 1425 S.R. 434	SVITE 109	
CITY LONGWOOD	STATE AC	ZIP 32750
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	
The names and addresses of the incorporators signing t	hese Articles of Incorporation are as	follows:
NAME ROBERT M. BOND	y	· · · · · · · · · · · · · · · · · · ·
ADDRESS 1425 S.R. 434		
CITY LONG-WOOD	STATE AL	ZIP 32750
ADDRESS 1425 S.R. 434 CITY CONGWOOD	SVITE 109	···
CITY CONGWOOD	STATE FL	ZIP 32750
NAME	• • • • • • • • • • • • • • • • • • • •	
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed th	ese Articles of Incorporation this	22 NO
day of SEPTEMBER	. 19 <u>97</u> .	•
	11. 2	
		(Signature)
		(Signature)
		/01
	· · · · · · · · · · · · · · · · · · ·	(Signature)

Form 215: ARTICLES OF INCORPORATION, PAGE 2

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SEMINOLE-MIAMI (8.93)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



	ECB CONETRUCTORS,	wc.	
•	(name of corporation)		_

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

	1425			+ SUITE	- 109
	-ONGW	000	FL	32750	
has named	Bo	BA	. VAR	MA	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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) 9/22/97

FORM 215: CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTRED OFFICE

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