PO 0000002544

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

subject: ALL AMERICAN STRUCTURAL CONNECTIONS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee & Certificate

PLEASE MAKE THE EFFECTIVE DATE OF THESE ARTICLES JANUARY 1, 2000.

FROM:

KIMBERLY MCILWAIN
Name (printed or typed)

8751 DORIS LANE
Address

NEW PORT RICHEY, FL 34654
City, State & Zip

(727)847-0696
Daytime Telephone Number

F. C+ 155 SER JAN 1 0 1999

******78.75

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NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

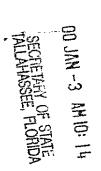
ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALL AMERICAN STRUCTURAL CONNECTIONS, INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8751 DORIS LANE NEW PORT RICHEY, FL 34654

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KIMBERLY MCILWAIN 8751 DORIS LANE NEW PORT RICHEY, FL 34654 門田

ARTICLE V INCORPORATOR(S)		- •/•/ · = ===
The name(s) and street address(es) of the incorporator(s) Articles of Incorporation is(are):	to thes	e
KIMBERLY MCILWAIN 8751 DORIS LANE NEW PORT RICHEY, FL 34654	SECRETARY OF TALLAHASSEE, F	<u>!</u>
ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)	AH IO: 14 OF STATE FLORIDA	
KIMBERLY MCILWAIN DIRECTOR, PRESIDENT 8751 DORIS LANE NEW PORT RICHEY, FL 34654		
The undersigned incorporator(s) has(have) executed these of Incorporation this	Article	S
20TH day of DECEMBER, 19 99.	-	

Signature

Timber

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of CONNECTIONS, INC.		oration is:	ALL AMERICA	AN STRUCT	URAL
2. The name and	address of	the register	ed agent and	office is	::
к	IMBERLY MCIL	WAIN (Name)		TALLAH TALLAH	NAC 00
8	751 DORIS LA	NE			<u></u>

NEW PORT RICHEY, FL 34654 (City/State/Zip)

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 statues 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.

(P.O. Box not acceptable)

Signature Signature

Date