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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

EAST PORT SCREEN INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

EAST PORT SCREEN, INC.

ARTICLE I NAME

The name of the corporation shall be:

EAST PORT SCREEN, INC.

ARTICLE II PRINCIPAL OFFICE

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

1718 S.E. FLINLOCK ROAD

PORT ST LUCIE, FL 34952

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED)

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PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2506 DELAWARE AVE
FORT PIERCE FLORIDA 34947

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

TIM GOODWIN
1718 S.E. FLINTLOCK ROAD
PORT ST LUCIE, FL 34952

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

TIM GOODWIN
1718 S.E. FLINTLOCK ROAD
PORT ST LUCIE, FL 34952

The undersigned has executed these Articles of Incorporation this 3RD day of FEBRUARY 2000 .

Tim Goodwin
TIM GOODWIN, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 the corporation is:

EAST PORT SCREEN, INC.

2. The name and address of the registered agent and office is:

TIM GOODWIN

1718 S.E. FLINTLOCK ROAD

PORT ST LUCIE FL 34952

Signature: *Tim Goodwin*

Title: PRESIDENT

Date: FEBRUARY 3, 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: *Tim Goodwin*

Date: FEBRUARY 3, 2000

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