10000015093 TRANSMITTAL LETTER

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

COMPRESSORS USA FUC.
(Proposed corporate name - must include suffix)

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

EX\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MENNY GILA
Name (Printed or typed)

5309 BANYAN LN.

Address

TAMARAC FL 33319

City, State & Zip

(954) 735-5800 CELL: (954) 254-5800

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

* RTICLES OF INCORPORATION

undersigned incorporator, for the purpose of forming a corporation under the Florida iness Corporation Act, hereby adopts the following Articles of Incorporation.
undersigned incorporator, for the purpose of forming a corporation under the Florida iness Corporation Act, hereby adopts the following Articles of Incorporation. TICLE I NAME
e name of the corporation shall be: COMPRESSORS USA TWE. FLORING
ETICLE II PRINCIPAL OFFICE Principal place of business and mailing address of this corporation shall be: 214 NW. 53 AVE HALLANDALE FL 33009
ETICLE III SHARES number of shares of stock that this corporation is authorized to have outstanding at any one time is: 90 SHARES \$1.00
TICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS name and Florida street address of the initial registered agent are: MENNY GILA 5309 BANYAN LN.
TAMARAC FL. 333/9 TICLE V INCORPORATOR name and address of the incorporator to these Articles of Incorporation are: RACHEL ARGY PRES.
3881 N. 38 \$ AUE HOllywood FL. 33021
Signature/Incorporator 1)31/2000 Date
(An additional article must be added if an effective date is requested.)
ing been named as registered agent and to accept service of process for the above stated corporation at the place designated in this ificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the gations of my position as registered agent
Signature/Registered Agent Date