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TRANSMITTAL LETTER

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

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Enclosed is an origina for:	I and one (1) co	py of the articles of incorporation a	nd a check
S70.00 Filing Fee	S78.75 Filing Fee & Cernficate	Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required	Mycar
FROM:		MINS & COLLINS (printed or typed)	
	1736	SW 4F4CT	
	F.T. L.	v. State & Zip	· · · · · · · · · · · · · · · · · · ·
	959 Daytime	Telephone number	

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

F. Chierania

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.

> ARTICLEI NAME

The name of the corporation shall be:

Collins CONTRACTING CORP

ARTICLEII PRINCIPAL OFFICE

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

Two South University DR. #215 PLANTATION, ICL. 33324

> ARTICLEIN SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time ONE HUNDRES SHATUS AT NO

PATE VALVÉ

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLEIV The name and address of the initial registered agent is:

BRIAN Lynn CAA
TWO SOUTH UNIVERSITY DRIVE
#215
PLANTATION FL. 33324

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas G. Collins, Director (Prescourt
1736 SW 4th Gt
Rt Lauperdale, Il 33312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature Signature Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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:	Collins Contraction	g C	oR/	o.
2. The name and address of the regis	stered agent and office is:			
BRIA	NAME)	SECRET	00 APR ·	
<u>TWO S.</u>	WOUVERSITY DRIVE #215	THAT OF STATE ALVANDA	5	FILE
PLANTAT	704, EC 33324	OHIDA	9:07	

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.

Dun S (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314