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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

KAB Co. Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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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:

KAB Co. Inc.

ARTICLE II PRINCIPAL OFFICE

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

KAB Co. Inc. 10135 - A SOUTH U.S. #1 PORT ST. LUCIE, FL 34952 SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLE III SHARES

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

200 Shares at No Par Value

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

KARAN A. BOYLES 629 N.E. LIMA VIAS JENSEN BEACH, FL 34957

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

PAGE 11 H00000058104

ARTICLES V INCORPORATOR(S)

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

KARAN A. BOYLES 629 N.E. LIMA VIAS JENSEN BEACH, FL 34957 PATRICK J. BOYLES 629 N.E. LIMA VIAS JENSEN BEACH, FL 34957

The undersigned incorporator(s) has(have	executed these	Articles of Incorp	poration this
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2 day of **Nov.** 2000.

KARANA. BOYLES

SIGNATURE

PATRICK J. BOXLES SIGNATURE

H00000058104

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporatio	n is: KAB Co. Inc.
2. The name and address of the	registered agent and office is:
	KARAN A. BOYLES
	Name
	629 N.E. LIMA VIAS
	(P.O. Box or Mail Drop Box NOT Acceptable)
	JENSEN BEACH, FL 34957
	(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

KARAN A. BOYLES

SIGNATURE

11-2-2000

(Date)