## POI 000006729

#### TRANSMITTAL LETTER

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

01 JAN 16 PM 12: 52

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Subject: CONNECTOR INSTALLORS OF ELORIDA

Enclosed is an original and One (1) copy of the Articles of Incorporation and a check for:

70.00 Filing fee

78.75 122.50
Filing Fee & Certificate & Cert. Copy

131.25 Filing Fee, Cert. Copy and Certificate

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FROM:

VICTOR H OCHOA FAX & ACCOUNTING SERV 30511 SV 49 AVE. HOMESTE 33033 305 247 6603

T. Burch JAN 1 8 2001

# OI JAN 16 PM 12: SECRETANT OF THAT

### ARTICLES OF INCORPORATION OF

#### CONNECTOR INSTALLORS OF FLORIDA CORP

The undersigned incorporators, for the purpose of forming a Corporation under the Florida Corporation Act, and under the guidelines and regulation of the Code of the Internal Revenue Service, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of this Corporation shall be: Connector Installors of Florida Corp..

The principal place of business of this Corporation shall be : 2201 Cascades Blvd # 202 kissimmee, Forida 34741.

#### ARTICLE II NATURE OF BUSINESS

This Corporation may engage in or transact any or all lawful activities or business related to Residential or Business Construction permitted under the laws of the United States of America, the State of Florida or any other State.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this Corporation is authorized to have outstanding at any one time is One Thousand ( 1000 ) shares, One ( 1.00 ) Dollar par value which should be named "Common Stock".

#### ARTICLE IV TERM OF EXISTENCE

The duration of this Corporation is perpetual, the date and time of commencement of the corporate existence is the date of

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subscription and acknowledgment of the Articles of Incorporation.

#### ARTICLE V QUALIFICATION

The directors of this corporation shall constitute all persons hereinafter named as Incorporators and such other persons as from time to time hereafter may be approved by the Board of directors as provided in the By-Laws.

#### ARTICLE VI BOARD OF DIRECTORS

- a. The day to day affairs of the corporation shall be managed by the Board of Directors.
- b. The number of Directors constituting the initial Board of Directors of this corporation are One (1), the number of Directors may be increased or decreased from time to time by the By-Laws, but never shall be less than One.
- d. The name and street address of the initial officer and director who shall hold office the first year of the corporation existence or until theirs successor are elected are:

Carlos Avonce 2201 Cascades Blvd. # 202 Kissimmee, Florida 34741 President/Director

#### ARTICLE VII INCORPORATORS

The name and street address of the incorporator to this articles of Incorporation are:

Carlos Avonce 2201 Cascades Blvd. # 202 Kissimmee, FL 34741

| IN W  | TNESS   | WHER | EOF | , the  | undersi | gnea | ıncorp | orat | cors | nas | executed |
|-------|---------|------|-----|--------|---------|------|--------|------|------|-----|----------|
| these | e Artic | cles | of  | Incorp | oration | this | S      | day  | of _ |     | 2001     |

Larlos Avonce

**WITNESS** my hand and official Seal this 17 day of January of A.D. 2001

Notary Public
State of Frorida at Large



CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE BY PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

AN 16 PM 12: 52 ETARY OF STATE HASSEE, FLORID

The following is submitted in compliance with Chapter 48.091 Florida Statutes:

Connector Installors of Florida Corp. A Corporation organized under the laws of the State of Florida with its principal office at 2201 Cascades Blvd. # 202 Kissimmee, Fl. 34741, has named Carlos Avonce, located at 2201 Cascades Blvd. # 202 Kissimmee, Florida 34741, as its agent to accept service of process within this State.

#### ACCEPTANCE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY AND AGREE TO COMPLY WITH THE PROVISIONS OF THE FLORIDA STATUTES RELATIVE TO KEEPING OPEN SAID OFFICE.

Register Agent