

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
850 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO10000029098

Arrow Cutting and  
Demolition, Inc.

300003890503--7  
-03/21/01--01059--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_  
☐ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

APPROVED  
AND  
FILED

01 MAR 21 PM 1:50

RECEIVED

01 MAR 21 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by: KC

3/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**ARROW CUTTING AND DEMOLITION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 21 PM 1:50

APPROVED  
AND  
FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **ARROW CUTTING AND DEMOLITION, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **4901 EAST TAMiami TRAIL, SUITE 200, NAPLES, FL 34113.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of \$1.00 per share.

#### **ARTICLE IV: INTIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is David McElrath, P.A., 3838 Tamiami Trail North, #410, Naples, FL 34103.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INTIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is:

**Bradford E. Steinmann**

**Bradford W. Steinmann**

**Joseph E. Steinmann**

**4901 E. Tamiami Trail, Suite 200, Naples, FL 34113.**

#### **ARTICLE VII: SPECIAL PROVISION**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 21st day of March, 2001.

"Capital Connection, Inc. by Kim Clemons, Client Representative"

Kim Clemons

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The name and street address of the registered agent and office is: DAVID McELKATH, P.A.  
3838 TAMiami TR. N, #410  
NAPLES, FL 34103

HAVE 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.

by D. McElkath  
President

APPROVED  
AND  
FILED  
01 MAR 21 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA