

**CAPITAL CONNECTION, INC.**

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

**P010000063506**

*M.S. Fabrications, Inc.*

**FILED**

01 JUN 26 PM 2:47

DEPT. OF STATE  
TALLHASSEE, FLORIDA

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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 \_\_\_\_\_

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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 \_\_\_\_\_ **J. BRYAN JUN 26 2001**

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 JUN 26 AM 11:51

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Signature \_\_\_\_\_

Requested by: *KC*

*6/26*

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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

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

ARTICLES OF INCORPORATION

OF

M.S. FABRICATIONS, INC.

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01 JUN 26 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these articles of Incorporation, natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of the corporation shall be:

M.S. FABRICATIONS, INC.

ARTICLE II: NATURE OF BUSINESS

This corporation may engage or transact in any or all legal activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 200 shares of common stock having no par value per share.

ARTICLE IV: ADDRESS

The street address of the registered office of the corporation shall be 280 SW 63<sup>rd</sup> Ave, Plantation, Fl 33317, and the name of the initial registered agent of the corporation at that address is Robert Salerno. The principal address of the corp is 280 SW 63<sup>rd</sup> Ave, Planatation, Fl 33317.

M.S. FABRICATIONS, INC.

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ARTICLE V: SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as an S corporation.

ARTICLE VI: INCORPORATORS

This corporation shall have two (2) initial Incorporators. The name and address of the Incorporator to these Articles of Incorporation is:

Robert Salerno  
280 SW 63<sup>rd</sup> Ave  
Plantation, Florida 33317

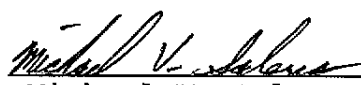
Michael V. Salerno  
280 SW 63<sup>rd</sup> Ave  
Plantation, Florida 33317

ARTICLE VII: DIRECTORS

This corporation shall have no Directors, initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws of the Corporation.

The undersigned has executed these Articles of Incorporation on  
June 25, 2001

  
Robert Salerno

  
Michael V. Salerno

CERTIFICATE OF DESIGNATION  
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:

M.S. FABRICATIONS, INC.

2. The name and address of the registered agent and office is:

Robert Salerno  
280 SW 63<sup>rd</sup> Ave  
Plantation, Florida 33317

Signature: \_\_\_\_\_

Title: Incorporator

Date: 6/25/01

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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: \_\_\_\_\_

Date: 6/25/01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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