

TRANSMITTAL LETTER

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

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-09/18/01--01068--006
*****78.75 *****78.75

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for Filing Fee and Certificate of Status

FROM:

Crane Distributions of Florida, Inc.

Name

824 Par Circle

Address

Delray Beach, FL 33445

City, State & Zip

(561) 272-2044

Daytime Telephone number

Please find attached the original and one copy of the articles.

I would also appreciate if you could please stamp with the filing date the second copy that I am sending to you, and return this copy in the enclosed stamped envelope. Thank you very much.

FILED
01 SEP 18 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 18 2001

2-

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
CRANE DISTRIBUTIONS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
824 PAR CIRCLE
DELRAY BEACH, FL 33445

ARTICLE III SHARES

The number of shares of stock is: 10,000

ARTICLE IV INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
Elsa Crane 824 Par Circle, Delray Beach, FL 33445 Director

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:
Elsa Crane 824 Par Circle, Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Elsa Crane 824 Par Circle, Delray Beach, FL 33445

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Elsa de Crane

Signature/Registered Agent Date

Elsa de Crane

Signature/Incorporator Date