P02000030470

TRANSMITTAL LETTER

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

300005099023--0 -03/13/02--01027--009 ******78.75 ******78.75

SUBJECT:

Shaw Equipment, Inc.

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

() \$70.00

() \$78.75

(X) \$78.75

()\$87.50

Filing Fee

Filing Fee &

Filing Fee &

Filing Fee, Certified Copy

Certification of Status

Certified Copy

Certified Copy, &Certificate of

Status

FROM:

James L. Shaw, Jr.

5590 Bermuda Dunes Circle

Lake Worth, FL 33463

02 HAR 13 PH 12: LI

NOTE: Please provide the original and one copy of the articles

EM 3/20

ARTICLES OF INCORPORATION

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 shall be:

Shaw Equipment, Inc.

Shaw Equipment, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 5484 Fort Lauderdale, FL 33310

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

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

James L. Shaw, Jr. 5590 Bermuda Dunes Circle Lake Worth, FL 33463

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

James L. Shaw, Jr. 5590 Bermuda Dunes Circle Lake Worth, FL 33463

Signature/Incorporator

3/8/02

Date

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 I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

O2 MAR 13 PM 12: 41
SECRETARY OF STATE
ANA SSECT. FLORIDA