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SECREIARY DE STATE TALLAMASSEE, FLORIDA

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

SUBJECT: CENTRAL FLORIDA FOAM SERVICES, INC.			
	(PROPOSED CORPORAT	ΓΕ NAME – <u>MÜST INCLI</u>	UDE SUFFLX)
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00	\$78.75	□ \$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM:	MARLENE F. MAUTHE		
Name (Printed or typed) 6018 CHARLOMA DRIVE Address			·
			,
· · · · · · · · · · · · · · · · · · ·			
	LAKELAND, FL. 33813		
	City,	State & Zip	M
(863)-607-9899 (863)-701-0180			
Daytime Telephone number			

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

MR. Mauthe GAVE
AUTHORIZATION BY PHONE TO
CORRECT Acticle VI
CATE 10/16/02

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10/16

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:

CENTRAL FLORIDA FOAM SERVICES, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6018 CHARLOMA DRIVE LAKELAND, FL. 33813

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION: INJECTED BLOCK-FILL INSULATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARLENE F. MAUTHE 6018 CHARLOMA DRIVE LAKELAND, FL. 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARLENE F. MAUTHE 6018 CHARLOMA DRIVE LAKELAND, FL. 33813

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

Signature/Incorporator/ REGISTERED AGENT

<u>-//-0乙</u> Date