Paccolaisa!

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Columbia Copies
Special Instructions to Filing Officer:

Office Use Only



500008800425

11/12/02--01113--015 **78.75

02 NOV 12 PM II: 0 J SECRETARY OF STATE



TRANSMITTAL LETTER

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

SUBJECT: ABLE ERECTORS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: GARY J. FERNALDEZ, ATTY, Name (Printed or typed)				
1200 E. ROOSEVELT RO., SUITE 310 Address				
	GLEN ELLYN City,	1L 60137- State & Zip	7809	
(630) 953-1340 Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

يو البرام المعالم

The name of the corporation shall be:

ABLE ERECTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

LO DEBBIE BLISK P.O. BOX 791 OSPREY, FL. 34229

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE THE LABOR NECESSARY FOR INSTALLATION OF STEEL
STORAGE SYSTEMS IN WAREHOUSES AND OTHER BUSINESSES.

ARTICLE IV SHARES

The number of shares of stock is:

1000 AUTHORIZED, 100 ISSUED.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DEBBIE BLISK, DRECTOR P.O. BOX 791 OSPREY, FL. 34229

ARTICLE VI REGISTERED AGENT

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

BRIAN BURGESS 1627 1220 ST. CT. E PALMETTO, FL. 3/221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARY J. FERNANDEZ 1200 E. ROOSEVELT RD., SUITE 310 GLEN ELLYN IL 60137-7809

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

11/08/02 Date

SECRETARIAS PAINS OF STATE OF

10-15-02 Date