

FROM : M.A.V. CORPORATE SERVICES
Division of Corporations

FAX NO. : 954-966-5273

Nov. 20 2002 03:18PM P1
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : M.A.V. CORPORATE SERVICES
Account Number : 120000000007
Phone : (954) 989-4530
Fax Number : (954) 966-5273

RECEIVED
02 NOV 20 PM 2:34
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

SPECIALTY SHORING DESIGNS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

D. WHITE NOV 20 2002

FROM :MAV CORPORATE SERVICES

FAX NO. :954-966-5273

Nov. 20 2002 03:18PM P2

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

02 NOV 20 PM 4:26

OF

SPECIALTY SHORING DESIGNS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SPECIALTY SHORING DESIGNS, INC.

The principal place of business of this corporation shall be:

260 FLORIDA AVENUE, FT. LAUDERDALE FL 33312

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: **ONE HUNDRED (100)**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

WALTER STUCKI

**260 FLORIDA AVENUE
FT LAUDERDALE FL 33312**

HECTOR F. VERGARA

**6150 NW 43 AVE
COCONUT CREEK, FL 33073**

((H02000228727 2)))

FROM : MAU CORPORATE SERVICES

FAX NO. : 954-966-5273

Nov. 20 2002 03:18PM P3

((H02000228727 2)))

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

WALTER STUCKI

260 FLORIDA AVENUE
FT LAUDERDALE FL 33312

HECTOR F. VERGARA

6150 NW 43 AVE
COCONUT CREEK FL 33073

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 17 day of NOVEMBER, ~~10~~ 2002

Signature(s) of Incorporator(s)

[Handwritten signatures of Walter Stucki and Hector F. Vergara]

STATE OF FLORIDA

COUNTY OF MIAMI DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 17 day of NOVEMBER 2002, by WALTER STUCKI and HECTOR F. VERGARA
(Name of Incorporator)

of SPECIALTY SHORING DESIGNS, INC.

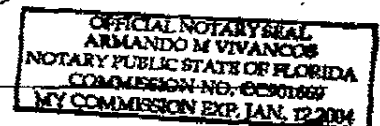
(Name of Corporation)

[Handwritten signature of Armando M. Vivanco]
Notary Public



OFFICIAL NOTARY SEAL
ARMANDO M. VIVANCO

My Commission Expires:



((H02000228727 2) ARTICLES OF INCORPORATION

FROM : MAU CORPORATE SERVICES

FAX NO. : 954-966-5273

Nov. 20 2002 5:11 PM P4

((H02000228727 2)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

02 NOV 20 PM 4: 26

Pursuant to the provisions of Section 607.325, 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: SPECIALTY SHORING DESIGNS, INC.

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

WALTER STUCKI

260 FLORIDA AVE

(P. O. BOX NOT ACCEPTABLE)

FT LAUDERDALE FL 33312

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer)

TITLE VICE/PRESIDENT/TREASURER

DATE NOVEMBER 17, 2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 

(Registered Agent)

DATE NOVEMBER 17, 2002

REGISTERED AGENT

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