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I CONTRACT MAX 6

(SAMPLE LETTER OF TRANSMITTAL)

DATE April 23, 2003

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

Re:	A-1	Fiberglass	Inc.	· ·	, Inc
_	,	(Name of	Corporation)		,

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

(Individual's Name)

A-l Fiberglass Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION —
A-1 Fiberglass Inc.
20193 Lorette Ave Port Charlotte, FL 33954
PHONE -
(941) 625-0294
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

A-1 FIBERGLASS INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CORPORATE NAME		
The name of the corporation is:			₹s
A-1 FI	BERGLASS INC.		S FER
This corporation shall exist perpetually t	ARTICLE II - DURATION unless dissolved according to Florida law.		TARY OF STAIDA HASSEE, FLORIDA PR 29 PM 2: 40
	ARTICLE III - PURPOSE		- /
The corporation is organized for the pury United States and the State of Florida.	pose of engaging in any activities or business perr	nitted under	the laws of the
	ARTICLE IV - CAPITAL STOCK		
The corporation is authorized to issue _	shares of common stock, par value \$ _	1.00	per share.
	FICLE V - INITIAL PRINCIPAL OFFICE office and, if different, the mailing address is:		
STREET ADDRESS 20193 LORETTE	AVE		
CITY PORT CHARLOTTE	FLORIDA	ZIP	33954
Mailing address, if different	-		
STREET ADDRESS SAME			
СПУ	FLORIDA	ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	ANDY R. PEDEN		
ADDRESS	20193 LORETTE AVE		
CITY	PORT CHARLOTTE	FLORIDA	ZIP 33954

This corporation shall havetwo	(2) direc	tors initially. The m	umber of directors ma
either increased or diminished from time to time by the	By-Laws, but shall n	ever be less than on	e (1). The names and
addresses of the initial director(s) of the corporation are	as follows:		
NAME ANDY R. PEDEN			
ADDRESS 20193 LORETTE AVE			
CITY PORT CHARLOTTE	STATE	FLORIDA	_ ZIP 33954
NAME CYNTHIA M. PEDEN			
ADDRESS 20193 LORETTE AVE			
CITY PORT CHARLOTTE	STATE	FLORIDA	ZIP 33954
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME ANDY R. PEDEN ADDRESS 20193 LORETTE AVE			
		·	
CITY PORT CHARLOTTE	STATE	FLORIDA	ZIP 33954
NAME CYNTHIA M. PEDEN	, <u></u>		
ADDRESS 20193 LORETTE AVE			
	STATE	FLORIDA	
CITY PORT CHARLOTTE		12011111	ZIP 33954
CITY PORT CHARLOTTE NAME			ZIP 33954
CITY PORT CHARLOTTE NAME ADDRESS			33734
CITY PORT CHARLOTTE NAME ADDRESS CITY	STATE		ZIP
CITY PORT CHARLOTTE NAME ADDRESS CITY The undersigned incorporator(s) have executed the	STATE		ZIP
CITY PORT CHARLOTTE NAME ADDRESS CITY The undersigned incorporator(s) have executed the	STATE see Articles of Incor		ZIP
CITY PORT CHARLOTTE NAME ADDRESS CITY The undersigned incorporator(s) have executed the	STATE		ZIP
CITY PORT CHARLOTTE NAME ADDRESS CITY The undersigned incorporator(s) have executed the	STATE		ZIP

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

A-I FIBERGLASS INC.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 20193 LORETTE AVE
PORT CHARLOTTE, FL 33954
has named ANDY R. PEDEN
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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.
april 23, 2003

(Date)

(Signature)