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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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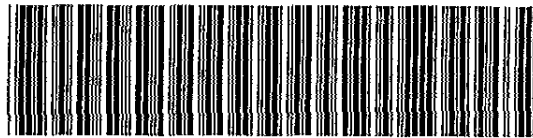
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Emerald Coast Misting, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

Michael C. McCann

Name

344 S. Palo Alto Avenue

Address

Panama City, FL 32401

City, State, & Zip

(850) 763-5509

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

QE

Emerald Coast Misting, Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

Emerald Coast Misting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

344 S. Palo Alto Avenue
Panama City, Fl 32401

ARTICLE III CAPITAL STOCK

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael C. McCann
344 S. Palo Alto Avenue
Panama City, Fl 32401

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Michael C. McCann
344 S. Palo Alto Avenue
Panama City, Fl 32401

ARTICLE VI OFFICERS

The initial officers of the corporation shall be:

Michael C. McCann/President
344 S. Palo Alto Avenue
Panama City, Fl 32401

Vicki W. McCann/Director
344 S. Palo Alto Avenue
Panama City, Fl 32401

The undersigned has(have) executed these Articles of Incorporation this

6th day of August, 2003

Ammer. /President

Signature/Title

Signature/Title
Vicki W. McCann Director
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Emerald Coast Misting, Inc.

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

Michael C. McCann

(NAME)

344 S. Palo Alto Avenue

(P.O. BOX NOT ACCEPTABLE)

Panama City, FL 32401

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE President

DATE 8/12/03

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 

DATE 8/12/03

REGISTERED AGENT FILING FEE: \$35.00