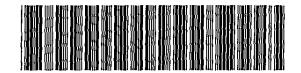
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SECRETARY OF STATE
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OCTOBER 29, 2003

FL DEPARTMENT OF STATE DIVISION OF CORPORATION P. O. BOX 6327 TALLAHASSEE, FL 32314

CORPORATION: SHIMP CONCRETE PUMPING, INC.

GENTLEMEN:

ENCLOSED PLEASE FIND THE ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION, TOGETHER WITH MY CHECK IN THE AMOUNT \$78.75.

THIS REPRESENTS THE COST OF THE FILING FEES, CERTIFIED COPY ARTICLES OF INCORPORATION AND FEE FOR REGISTERED AGENT DESIGNATION FOR THE ABOVE NAMED CORPORATION.

VERY TRULY YOURS,

REGAN SHIMP, SR.

INDIKIDUAL

CORPORATION

SHIMP CONCRETE PUMPING, INC. 3501-B NORTH PONCE DELEON BLVD

PMB 221

ST. AŬGUSTINE, FL 32084 904-838-6875

ARTICLES OF INCORPORATION

nΓ

Shimp Concrete Pumping, 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:

ART	ICLE I - CORPORATE NAME	
The name of the corporation is:		03 SEC TALL
	Concrete Pumping,	Inces 8 7
•	•	ARY ASSE
/	ARTICIE II - DURATION	F, F, S
This corporation shall exist perpetually unless	dissolved according to Florida law.	4: 06 TATE ORIDA
	ARTICLE III - PURPOSE	-
The corporation is organized for the purpose of Jnited States and the State of Florida.	f engaging in any activities or busines.	s permitted under the laws of the
ART	TICLE IV - CAPITAL STOCK	I
The corporation is authorized to issue	2 _shares of common stock, par valu	e \$ <u>/100</u> per share.
ARTICLE The street address of the initial principal office	V - INITIAL PRINCIPAL OFFICE e and if different the mailing address	is:
	· \	<u> </u>
STREET ADDRESS 3501-B North	Ponce DeLeon Blud F	mb 221
		13.4
CITY St. Augustine	FLORIDA	ZIP 32084
Mailing address, if different		.]-i
STREET ADDRESS		* , , , ,
CITY	,FLORIDA	ZIP
ARTICLE VI - INIT	IAL REGISTERED OFFICE AND	AGENT
The street address of the initial registered	office and the name of the initial re	gistered agent at the office is:

FLORIDA

ADDRESS

CITY

ARTICLE VII - INITIAL BOARD OF DIRECTOR'S

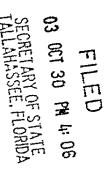
This corporation shall have +wo		ly. The number of directors may be
either increased or diminished from time to time by the addresses of the initial director(s) of the corporation are		is than one (1). The names and
addresses of the minin director(n) of the components in		
NAME Regan Shimp, Sr.		(
	Peleon Blud Pm.	b 221
CITY St. Augustine	STATE FL	ZIP 32084
NAME REGAN Shimo, JC		(
ADDRESS 8140 Colee Cove B	Poad	1.
CITY St Augustine	STATE FL	ZIP 32092
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	
The names and addresses of the incorporators signing t		re as follows:
NAME ROOM Shing St		
ADDRESS 3501- B North Ponce	Delean Blud	Pm b 221
CITY St Allaustine	STATE EL	ZIP 32084
NAME ROOM Shimp Tr		102 0000
ADDRESS \$140 COLER COVE RO	ad	, , , =
CITY St. AUDUSTINE	STATE FL	ZIP 32092
NAME	-	IET
ADDRESS		
CITY	STATE	710
The undersigned incorporator(s) have executed the	ara Artiglas of Incorporation	
day ofOC to be r	2003	
day of		· ·
	Van V	S (Signature)
	R. 1	Q'1 = ==================================
	regent	Signature)
		(Signature)
		(Signature)

PAGE 2

Form 215: ARTICLES OF INCORPORATION, PAGE 2

SEMINOLE-MIAMI (2-98)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Shimp Concrete Pumping, 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 St. Augustine, FL 32084

has named Regan Shimp, Sr. =

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 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)