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	(Requestor's Name)
	(Address)
	(Addiess)
	(Address)
	,
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	•
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only
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TRANSMITTAL LETTER

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

BOWDEN SPECIALTY ALUMINUM INC SUBJECT: (Proposed corporate name- must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a checkfor:			
		\$70.00	X\$78.75
		Filing Fee	Filing Fee &
~ -	Certificate of Status		
EDOM.	BOWDEN SPECIALTY ALUMINUM INC		
FROM:	Name (Printed or typed)		
	916 W ORIENT ST		
	Address		
	TAMPA, FL 33603-4523		
	City, State & Zip		
	813 363-0810		
	Daytime Telephone Number		

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopts the following Articles of Florida Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be: BOWDEN SPECIALTY ALUMINUM INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 916 W ORIENT STREET TAMPA, FL 33603-4523

ARTICLE III SHARES

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 STREET ADDRESS

The name and Florida street address of the initial registered agent are: DANIEL E BOWDEN, 916 W ORIENT ST., TAMPA, FL 33603-4523

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: DANIEL E BOWDEN, 916 W ORIENT ST., TAMPA, FL 33603-4523

Signature/Incorporator

L(105/0.3

Date

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 assegistered agent

Signature/Registered Agent

11/05/03

Date