

FROM : Division of Corporations

FAX NO. : 3054458297

Oct. 19 2003 10:53AM P1

Page 1 of 1

03 NOV 19 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1-1-04

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000318614 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : Access Corporate Filing Services of Florida, Inc.
Account Number : I20020000159
Phone : (305) 321-2025
Fax Number : (305) 445-8297

FLORIDA PROFIT CORPORATION OR P.A.

PRO-INSTALLATIONS INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

FROM :

FAX NO. : 3054458297

Oct. 19 2003 10:58 AM P2

03 NOV 19 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO. H030003186143

EFFECTIVE DATE
1-1-04

**ARTICLES OF INCORPORATION
OF
PRO-INSTALLATIONS INC.**

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

ARTICLE I

The name of the corporation is PRO-INSTALLATIONS INC

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is JANUARY 1, 2004.

ARTICLE III

The principal place of business and mailing address is 2804 WILSON LANE, CRESTVIEW, FL 32539.

ARTICLE IV

The general purpose for which the corporation is to engage or transact in 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 V

The aggregate number of shares of stock which the corporation is authorized to issue is one thousand (1000).

ARTICLE VI

The name and Florida street address of the initial registered agent is: TRACY KARSTEN, 2804 WILSON LANE, CRESTVIEW, FL 32539.

FAX AUDIT NO. H030003186143

FROM :

FAX NO. :3854458297

Oct. 19 2003 10:54AM P3

2

FAX AUDIT NO: H03000318614 3

ARTICLE VII

The number of directors constituting the initial board of directors of the corporation is (1). The name and address of the person who is to serve as initial board is:

<u>Name</u>	<u>Title</u>	<u>Address</u>
JAMES P. KARSTEN	P.V.P.,S.T.D	2804 WILSON LANE CRESTVIEW, FL 32539

ARTICLE VIII

The name and address of the person signing these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
JAMES P. KARSTEN	2804 WILSON LANE CRESTVIEW, FL 32539

Executed by the undersigned at OKALOOSA County, Florida, on this 17th day of November, 2003.


JAMES P. KARSTEN

FAX AUDIT NO: H03000318614 3

FROM :

FAX NO. :3054458297

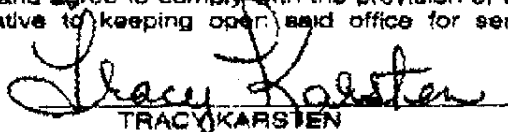
Oct. 19 2003 10:54AM P4

3

FAX AUDIT NO: H03000318614 3

ACCEPTANCE BY REGISTERED AGENT:

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.


TRACY KARSTEN

FAX AUDIT NO: H03000318614 3

FROM :

FAX NO. :3854458297

Oct. 19 2003 10:55AM P5

4

FAX AUDIT NO. H03000318614.3

CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted in compliance with said Act: **PRO-INSTALLATIONS INC.** desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation in **CRESTVIEW**.

County of OKALOOSA OKALOOSA, State of Florida.

has named **TRACY KARSTEN**,

located at **2804 WILSON LANE, CRESTVIEW, FL 32538**,

City of CRESTVIEW, County of OKALOOSA OKALOOSA,

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above state corporation, at place designated in this certificate, I hereby accept.


TRACY KARSTEN

03 NOV 19 AM 9:00
STATE
FLORIDA
TALLAHASSEE

FAX AUDIT NO: H03000318614.3