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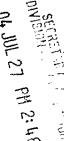
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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TRANSMITTAL LETTER

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

	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: Ro	bert H. Salvas Nam	e (Printed or typed)	
	P.O. Box 2432		

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

City, State & Zip

Daytime Telephone number

850-585-6069

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Patriot Services & Composites,Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: PO Box 2432 Santa Rosa Beach, FL 32459

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To transact all lawfull business for which Corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of shares of stock that the Corporation is authorized to issue is 100 shares having a par value of \$1.00 per share. Such shares shall be of a single class of common stock.

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Robert H. Salvas 303 Black Creek 概. BLV D. Freeport, FL 32439 President

Lydia Salvas

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert H. Salvas 303 Black Creek Red. BLV D. Freeport, FL 32439

<u>INCORPORATOR</u>

The name and address of the Incorporator is:

Robert H. Salvas 303 Black Creek Reg. おんV D. Freeport, FL 32439

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. If am familiar with and accept the appointment as registered agent and agree to act in this capacity

ignature/Registered Agent

Signature/Incorporator