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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCLU	DE SUFFIX)
Enclosed is an original a \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	cles of Incorporation and \$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Michael J.	rinted or typed)	

P.O. Box 1807

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

-5392 Daytime Telephone number





April 13, 2006

MICHAEL J STRAUB P.O. BOX 1807 TAVARES, FL 32778

SUBJECT: CIVIL SPECIALTIES, INC.

Ref. Number: W06000017690

We have received your document for CIVIL SPECIALTIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 206A00025228

Suzanne Hawkes Document Specialist New Filing Section

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:

Civil Specialties, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 1807 Tavares, FI 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide services for the construction industry

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael J. Straub P.O. Box 1807 Tavares, Fl 32778

ARTICLE VI REGISTERED AGENT

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

Walter Perryman 4295 W Old Us Hwy 441 Mt dora, Fl 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael J. Straub P.O. Box 1807 Tavares, Fl 32778

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

Signature/Registered Agent Date

Signature/Incorporator Date