

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224 8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Florida Cubing, Inc.

C.C. FEE. DISBURSED

P95000009183

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

☐ Cert. Exp. File	_____	_____
☐ Cert. Inc. File	_____	_____
☐ Cert. Record Book	_____	_____
☐ Cert. Partnership File	_____	_____
☐ Foreign Corp. File	_____	_____
☐ () Cert. Copy(s)	_____	_____
☒ Photo Copy	_____	_____
☐ Art. of Amend. File	_____	_____
☐ Dissolution/Withdrawal	_____	_____
☒ C U S. <u>95</u>	_____	_____
☐ Fictitious Name File	_____	_____
☐ Name Reservation	_____	_____
☐ Annual Report/Reinstatement	_____	_____
☐ Reg. Agent Service	_____	_____
☐ Document Filing	_____	_____
☐ Corporate Kit	_____	_____
☐ Vehicle Search	_____	_____
☐ Driving Record	_____	_____
☐ Document Retrieval	_____	_____
☐ UCC 1 or 3 File	_____	_____
☐ UCC 11 Search	_____	_____
☐ UCC 11 Retrieval	_____	_____
☐ File No.'s. _____ Copies	_____	_____
☐ Courier Service	_____	_____
☐ Shipping/Handling	_____	_____
☐ Phone () _____	_____	_____
☐ Top Priority	_____	_____
☐ Express Mail Prep.	_____	_____
☐ FAX () _____ pgs.	_____	_____

SUBTOTALS _____

FEB 3 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY SW _____

WALK-IN Will Pick Up 2-3 11:00

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

FILED
05 FEB -3 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

~~Florida Curbing Inc.~~
Florida Curbing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3237 South Port Royale Drive (H)
Ft. Lauderdale, Florida 33308

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Colette Polcelli
3237 South Port Royale Drive (H)
Ft. Lauderdale, Florida
33308

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Colette Polrelli
3237 South Port Royale Drive (H)
Ft. Lauderdale, Florida
33308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20TH day of JANUARY, 1995.

✓ Colette Polrelli

Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ~~Florida Curbing Inc~~

Florida Curbing Inc

2. The name and address of the registered agent and office is:

Colette Polselli

(Name)

3237 South Port Royale Drive (H)

(P.O. Box not acceptable)

Ft. Lauderdale, Florida 33308

(City/State/Zip)

FILED
FEB-3 MID-57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

✓ Colette Polselli

(Signature)

1-20-95

(Date)