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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 1 DOOD 1 DEC 5 22 1 -04/06/94 -01031 --011 ***** 70.00 ***** 70.00

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SUBJEC	CT: MERCURY RECOVERY, INCORPORATED)
check	I enclose an original and copy(ies) of the les of Incorporation for the above corporation and a in the amount of \$ 70 000	53 53 53
for: 35°° 35°°	Filing Fee Registered Agent Designation Fee	
From:	RORY E. PORTER	. to 25
	852 Seminole Prive East	,>
	Venice Florida 34293 City State Zip (813) 492-9867	
	Telephone Number	T
	WIH	
	289	

Dec- Sins .

This document was placed in my mailbox on Jan. 29, 1995 in a plastic bag and simeared with ink. The contents imere not damaged and I am re-salmitting them to you. I could not tell from any postmerk if the document was held up by your office orthe Postal Service. Your Department has already easked my check, so I am not sending another at this time. If I can be of any assistance. Please .contact me.

> Sincerely, RORY E. PORTER

I have made the change required. 12.5.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

April 8, 1994

RORY E PORTER 852 SEMINOLE DR EAST VENCIE, FL 34293

SUBJECT: MERCURY RECOVERY, INCORPORATED

Ref. Number: W94000007992

We have received your document for MERCURY RECOVERY, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return 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 (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 794A00015670

ARTICLES OF INCOMPORATION

OF.

Mercury Recevery Incorporated

ONE: The name of the corporation is MERCHRY

RECOVERY, INSCRPORATED

TWO: The duration of the corporation shall be perpetual.

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THREE: The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business permitted under the laws of the State of Florida.

shall have authority to issue is Fifty Thousand.

(50,000) common shares with no par value.

FIVE: The registered agent and the street address of the initial registered office of the corporation in the State of Florida is:

Name

Address

RORY F. PORTER 852 Seminole Drive Eut + Venice, Florida 34293

*This is the same as the Principal Office

SIX: The number of direct	ers constituting the initial board
of directors is 2	nd the name and address of each
person who is to serve as a memb	
Name	Address
RORY E PORTER	852 Semihole Drive Fut, Venice, Fi. 34293
CHERT S. PORTER	BSZ Seminale Drive Fast, Venice, FL 34293
and a state of the	
SEVEN: The name and addre	s of the sole incorporator is:
Name	Address
RORY E. PORTER	852 Seminale Drive Feat, Venice, Fl. 34293
IN WITNESS WHEREOF, the un	dersigned, as sole incorporator of
this corporation has executed the	ese Articles of Incorporation.
DATED: 4-1-94	Rey & Parter D# Plaso-725-56-108 SIGNED BEFORE ME DANIL 1994
HEROST CO.	D# Pla310-725-56-168
£ ()	Sieucis Before Die Agnil, 1994
	Silva a & Muyer

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

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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 FAMILIAK WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Rome E. Pontan

Date: 4-1-94