

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32310  
904-222-9171  
904-222-0393 FAX

800-342-8086

P95000020314

**csc networks**

MAIL TO:  
P.O. Box 5828  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 557758 119520A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : March 9, 1995

ORDER TIME : 9:50 AM

ORDER NO. : 557758

CUSTOMER NO: 119520A

CUSTOMER: Ms. Ivon Gallo  
L & I GALLO ACCOUNTING

1213 South West 120th Way

Davie, FL 33325

100001425131  
-03709795-01041--003  
\*\*\*\*122.50 \*\*\*\*122.50

DOMESTIC FILING

P95000020314

NAME: DIMENSIONAL FABRICATIONS, INC.

XXXX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

3-14 95  
02/11

FILED  
95 MAR-9 PM 7:50  
TALLAHASSEE, FL

6/9/95-5228  
7/8/95-5091-524-671  
Note: which is the individual or the company sign on behalf of the company.



FLORIDA DEPARTMENT OF STATE  
Sandra B. Meritt  
Secretary of State

March 9, 1995

*Please Sign the 9/10's*  
CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE, FL 32301

SUBJECT: DIMENSIONAL FABRICATIONS, INC.  
Ref. Number: W95000005308

We have received your document for DIMENSIONAL FABRICATIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

~~WHICH IS THE REGISTERED AGENT, THE COMPANY OR THE INDIVIDUAL?~~  
~~IF THE COMPANY, HE MUST SIGN ON BEHALF OF IT.~~

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) 487-6930.

Tim Murphy  
Corporate Specialist

Letter Number: 495A00010693

*Please make this correction.*

ARTICLES OF INCORPORATION

OF

-- DIMENSIONAL FABRICATIONS, INC.

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.

FILED  
95 MAR -9 11 7:58  
SEC.  
FALL

ARTICLE I NAME

The name of the corporation shall be:

DIMENSIONAL FABRICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

4220 N.W. 2nd. AVENUE  
MIAMI, FL 33127

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

L & I GALLO  
1213 S.W. 120th WAY  
DAVIE, FL 33325

ARTICLE V INCORPORATOR(S)

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

President - Daria Jahann 4220 N.W. 2nd. Ave., Miami, Fl 33127

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

7th day of March, 1995.



Signature/Title President

Signature/Title

Signature/Title

**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: Dimensional Fabrications, Inc.

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

L & I Gallo

(NAME)

1213 S.W. 120th Way

(P.O. BOX NOT ACCEPTABLE)

Davie, Fl 33325

(CITY/STATE/ZIP)


FILED  
95 MAR-9 11:58  
TALLAHASSEE

SIGNATURE   
(corporate officer)

TITLE President

DATE 3/7/95

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.

SIGNATURE   
Luis F. Gallo, as agent

DATE 3/7/95