~ 79600033153 FILED Date: 4-3-95 95 APR 21 AHIB: 35

SECRETARY OF STATE

Secretary of State Division of Corporation P.O. Box 6327 Talaphassee, FL 32314

E. CHOD (CLT #4462141 1.10) -(14721715---01162--4141 ++++122,50 -++++172,50)

Ro: CONCRETE	CUTTING-	Inc.
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Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

[APR 2 5 1995 BSB

CONCAETE CUTTING INC Name of Corporation

Mailing Address 4520 N.E. 18th Ave Sto. 208 FT. LAUdendALE Fl-08100 33334 (303) 938-0555

FILED 95 APR 21 AHTH: 35

ARTICLES OF INCORPORATION

OF

SECRETARY	91,172,30
1.414.67	TI PIDA

CONCRETE CUTTING INC.

The undersigned Subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation shall be: CONCRETE CUTTING INC.
ARTICLE II -DURATION
This corporation shall exist perpetually unless dissolved according to Florida Law.
ARTICLE III-PURPOSE
The corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.
ARTICLE IV-CAPITAL STOCK
The corporation is authorized to issue <u>five hovdred</u> shares(500) of <u>ove</u> Dollar(s) (\$ 100 par value Common Stock, which shall be designated "Common Shares."
ARTICLE V - INITIAL REGISTED OFFICE AND AGENT
The principal office, if known, or the mailing address of the corporation is:
NAME CONCRETE COTTING INC
ADDRESS 4520 N.E. 18th Ave St. 208
CITY FT. LANderdale FLORIDA ZIP 33334
The name and street address of the Initial Registered Agent of this Corporation is:
NAME ALBERT MANNING
ADDRESS 4570 N.L. 18th Ave CITY F1. Lauderdale FLORIDA ZIP 33334

ARTICLE VI- INITIAL BOARD OF DIRECTORS

This corporation shall have $\frac{J_{\ell}(v, \phi)}{\ell} = \frac{(J_{\ell})^2}{\ell}$ either increased or diminished from time to (1). The names and addresses of the initial	time by the By-Laws, but sh	all never be less than one
NAME: ALBERT UNIVE	11/1-	
ADDRESS 4941 N.W 1911	1.07,	
CITY LAnderhill		
NAME LEON FLETcher		
ADDRESS .: 3 & 4 N.W. 167		
CITY . IT. Landerlalo		
NAME		
ADDRESS		
CITY		
ARTICLE V	II-INCORPORATORS	
The names and addresses of the incorporator follows:	rs signing these Articles of I	ncorporation are as
NAME ALbert MAN.	V11'6-	
ADDRESS 496.1 N.W. 17	_	
CITY LAudechill		
NAME Lear Fletcher		
ADDRESS 2324 N.W. 16t		
CITY It Landerdale	STATE Florid	n zr <u>33//</u>
NAME		
ATSISTERIOR		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned incorporation this	ed subscriber(s) have executed these Articles of
incorporation this they of	<u> </u>
	(SenI)
	(Senl)
	(Senl)
STATE OF FLORIDA	
) 3a
before me, a Notary Public authorized to ta	ke acknowledgements in the State and County set forth
above, personally appeared:	
after On	594-05-0152
Signature	Form of Identification
Loon Flotcher	595-07-9214
Signature	Form of Identification
Signature	Form of Identification
who acknowledged before me that relied upon the form of identification of	who executed the foregoing Articles if Incorporation, executed these Articles of Incorporation, that I the above named person ns indicated opposite
each name, and that an oath (was)(was no	i)laken.
	Witness my hand and official seal in the County and State last aforesaid this 3 day of 1995
ARY PUD OFFICIAL NOTARY SEAL	Elem Parenteau
CC 162587 MY COMMISSION EXP. DEC. 22,1995	Notary

.

CERTIFICATE OF REGISTERED AGENT

OF

CONCRETE CUTTING TWO

Pursuant to Florida Statues Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organiza under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

nt: 11500 N.E. 18th Ave. St. 208 FT. Landordale, Th. 33334

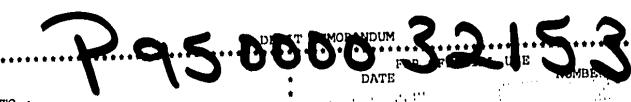
has named NLBERT MANNING-

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

pllut Manny.



DEPARTMENT OF STATE

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

	*				*******
*************	AMOUNT	REASON RETURNED	KEY	#	* *
* GENERAL REVENUE	0.00	INSUFFICIENT FUNDS			
#	1,787.00	ACCOUNT CLOSED		2	* 2 *
*		INCOLLECTED FUNDS		3	* 1
** *	1,787.00	OTHER		4	*
* TOTAL	*****	****			

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	2000015085 -06/06/9501027015 *** AMOUNT ****137.5	
12 12 12 12 12 12 12 12 12	45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00	1 1 1 3 4 4 4	70.00 122.00 122.50 122.50 200.00 200.00 375.00 575.00	7 1
	GRAND TOTAL:	ş	1,787.00 2	RECEIVED
	53562-0			

Process Date: 05/03/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.