DECK TEPPENS PO. BOX 18602 SARASOTA, FL. 34276-1602 SUBE ONLY		
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OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	Examiner's Initials

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FLÖRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 19, 1995

CRAIG FREEMAN POST OFFICE BOX 18602 SARASOTA, FL 34276-1602

SUBJECT: DECK TOPPERS Ref. Number: W95000008328

We have received your document for DECK TOPPERS and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

PLEASE LIST AN ADDRESS FOR THE REGISTERED AGENT.

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) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 795A00018256

ARTICLES OF INCORPORATION

· FOR · DECK TOPPERS, INC

The undersigned, a natural person, competent to contract, does hereby form a corporation under the laws of the State of Florida.

ARTICLE 1

The name of the corporation is -DECK Toppers, INC.

ARTICLE 2

The nature of this business to be transacted by this corporation is Concrete decorative Toppings and any and all lawful business for corporations organized under the General Corporation Act of the State of Florida.

ARTICLE 3

The corporation shall be of perpetual duration.

ARTICLE 4

The maximum number of shares that this corporation is authorized to issue and have outstanding at any time is 500 shares having a par value of \$1.00.

ARTICLE 5

The amount of capital with which this corporation shall begin business is \$500.00.

ARTICLE 6

This corporation shall have two director initially, but the number may be changed from time to time by the stockholders, but at no time shall be fewer than one.

ARTICLE 7

The initial officer of the corporation will be:

NAME CRAIG FREEMAN NAME GARY ROBINSON



ARTICLE 8

The initial address of the corporation is: P. Box 18602 - SARASOTA, FL Nokomis, FL-34275: Said office may from time to time be moved to any other 34276-16-2 location in Florida.

ARTICLE 9

The initial registered agent of the corporation will be: CRAIG FREEMAN - Nokomis. FL-34275 SARASOTA, FL. 342940000 ARTICLE 10

The names and addresses of the initial member of the Board of Directors

is:

CRAIG FREEMAN-2819 ARLINGTON SARASOTA, FI. 34234 GARY ROBINSON-708 CITRUS Rd. VENICE, FL. 34293 IN WITNESS WHEREOF, the undersigned Incorportor has executed Aticles of Incorporation this _____day of ____ , 1994:1995. thy Comm. Exp. 5-21-95 Eonded Dy Service Ins. Co. for L. Gechardson

NOTRY

REGISTERED AGENT DESIGNATION

I HEREBY CERTIFY that I accept the designation of Registered Agent tor the Corporation and that I am familiar with duties and obligations pertaining thereto.

Chang Freeman

STATE OF FLORIDA)) COUNTY OF SARASOTA)

I HEREBY CERTIFY that on this date, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, did personally appear CEAR FREEWIN/XCAAR American to me known to be the persons described as Incorporators and Registered Agent, and who executed the foregoing Articles of Incorporation and Registered Agent Designation.

WITNESS my hand and official seal this _____ day of _____ day of Jerrifer P. Richard ver JENNIFER R. RICHARDSON JENNIFER R. RICHARDSON Ny Comm. Exp. 5-21-95 Conded Cy Service Ins. Co. NOTARY

My commission expires. $\frac{5}{3}$

STATE OF FLORIDA) COUNTY OF SARASOTA)

I HEREBY CERTIFY that on this date, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, did personally appear GARYFOBINSON/FORMUTE The take acknowledgements, didknown to be the persons described as Incorporators and Registered Agent, andwho executed the foregoing Articles of Incorporation and Registered AgentDesignation.

WITNESS my hand and official seal this $\frac{1}{1}$ day of $\frac{1}{1}$ day of $\frac{1}{1}$

JENNIFER R. RICHARDSON NOTAR All My Comm. Exp. 5-21-95 Conded By Service Ins. Co.

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My commission expires. 5/3.195-