P950003691
TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Enclosed is an original a	nd one (1) cop	py of the articles o	f incorporation :	and a check
\$70.00 Filing Fac	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	ALB Name (p	eR/ rinted or typed)	CON7	LE-
600 5 MIDNIGHT PASS (55)				
_	SARA City,	State & Zip	FL 3	342426
_	8/3- Daytime To	346-	0299	6/7/

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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:

CONTE SERVICE CORP

ARTICLE II PRINCIPAL OFFICE

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

6005 MIDNIGHT PASS (SS) SARASOTA, 71 34242

ARTICLE III SHARES >

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERT CONTES 6005 MIDNIGHT PASS (55) SARASOTA, FL 34242

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ALBERT CONTE 6005 MIDNIGHT PUSS (SS) SARASOTA, FL 34242

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDE 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: CONTE SERVICE COX
- 2. The name and address of the registered agent and office is:

ALBERT CONTE (NAME)

(NAME)

(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)

SARASO FA FL 3424

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.

Albert Conte 5-16-95
(SIGNATURE) (DATE)