# P95000045001

## TRANSMITTAL LETTER

FILED

95 JUN -6 AM 9: 44,

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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

SUBJECT: B+	D CUTTERS INC., Proposed corporate name - must include suffix)
	and one (1) copy of the articles of incorporation and a check
\$70.00 Filing Fee	\$78.75 \$122.50 \$131.25  Filing Fee Filing Fee, & Certificate & Certified Copy & Certificate
FROM:	B+D CUTTERS INC 500001506905 -06/07/9501034003 *****131.25 ****131.25
	P. O. Box 987  Address
	1NGLIS, FL. 34449-0987 City, State & Zip
	904-447-1806 Daytime Telephone number

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:

BLD CUTTERS INC.

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#### ARTICLE II PRINCIPAL OFFICE

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

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

#### ARTICLE V INCORPORATORIS

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

ROBGET R. JACOBS P.O.B. 987 INGLIS, FL. 34449

DAUID HOWIE P.O.B. 987 INGLIS, FL 34449

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

1 day of JUNE 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: B. +D CUTTERS	<u>S</u>	IN C	
2.	The name and address of the registered agent and office is:  RTA WECKESSER EA ATP  (Name)  10 N: MELBOURAE ST  (P.O. Box not acceptable)  BEVERLY HILLS FL. 34465  (City/State/Zip)	SECRETARY OF STATE FALLAHASSEE, FLORIDA	95 JUN -6 NH 9:44	, FILED

h'aving 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) (Date)