P9500047798 TRANSMITTAL LETTER

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

700001517347 -06/20/95--01031--011 ****122.50 ****122.50

SUBJECT: The CONTRACTORS LINK INC.
(Proposed corporate name - must include suffix)

for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate Additional Copy Required	SECIEL TALLAIS	<u> </u>
FROM:		L MARCOTT (printed or typed)	20 AMIO COSSELFI 1	
1	6219 L	enczyk dr Address	AH 10: 02 GF STATE E. FLORIDA	,
Jan J.	Jax, FL	- <i>3</i> マス77 ry, State & Zip	-	
-		744-2219 Telephone number	-	

18/20

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:

THE CONTRACTORS LINK, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 11434 Jax, Fr 32231-1434



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:

MARK L MARCOTT 6219 Lenczyk dr Jax, FL 32277

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):

MARK L MARCOTT 6219 LENCZYK dr kix, FL 32R77

ANGELA M MARCOTT 6219 LENCZYK dr kix, FL 32Z17

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, 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:	THE	CONTRACTORS	RACTURS LINK, INC		
	The name and address of the regis	tered agent of the control of the co	And office is: RCOTT AME) L CT Box NOT Acceptable)	SECRETARY OF STATE	95 JUN 20 AH 10: 02	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	JWX , P-L	(CITY/S	TATE/ZIP)	AGINE -	02	

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) (DATE)