## P9500054593 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED
95 JUL 14 PH 2: 14
SECRETARY OF STATE
SECRETARY OF STATE

500001508345 -07/14/95--01075--009 \*\*\*\*131.25 \*\*\*\*\*131.25

SUBJECT: /JSUL-SYSTEMS /JC.

(Proposed corporate name - must include suffix)

Enclosed is an origina	al and one (1) co	py of the articles of	of incorporation a	and a	che	ck
for :  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required			
FROM:	(924) S	DG. SIMMOJS  (printed or typed)  S. MAIJ ST.  Address  TULTU FZ. 32536  TY, State & Zip  DAAL GAIA  Telephone number		NOLIYUSUU CUUSUNION	95 JUL 14 FN 2: 05	NECTIVE:

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.

> ARTICLEI NAME

The name of the corporation shall be:

INSUL-SYSTEMS, INC.

**ARTICLE II** PRINCIPAL OFFICE

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

185 MIRACLE STRIP PRWY. STE. 23 FA. WALTED BCH., FE. 30548

> ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOMAD G. SIMMONS 601. S. MAIN ST.

CRESTVIEW, Fr. 32536

## 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):

DOJALD G. SIMMONS 601 S. MAIN ST. CROSTVIEW, FL. 39534

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

Signature

Signature

Signature

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:	HOUL- SYSTEMS	12C.750
	_		5 JI CRET
2.	The name and address of the registe	ered agent and office is:	ARY OF S
		(NAME)	D 4 2: 15 7ATE ORIDA
	185 M.RA (P.O. Box)	CLE STRIP PKWY. STE OF MUIL Drop BOX NOT ACCEPTABLE)	: <u></u> 33
		CITY/STATE/ZIP)	18

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.

Down 5 (SIGNATURE) 7/14/95