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TRANSMITTAL LETTER

FILED

95 JUL 13 AM 9 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

100001537171
-07/13/95--01074--006
****131.25 ****131.25

SUBJECT: High-Tech waterproofing & Painting, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

JOEL K. MARTINS
Name (printed or typed)

9927 ISLAND HARBOR DR.
Address

Port Richey, FL 34668
City, State & Zip

904-651-0179 813-841-9250
Daytime Telephone number

N. HENDRICKS JUL 18 1995

pp. 173 HT

Per Joel:
Add principal
address

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

ARTICLES OF INCORPORATION
OF

HIGH-TECH WATERPROOFING & PAINTING, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Code of Florida, hereby adopt the following Articles of Incorporation for such corporation.

ARTICLE I

The name of the corporation is HIGH-TECH WATERPROOFING & PAINTING, INC.
PRINCIPAL ADDRESS: 21859 S.R. 54, SUITE 500, LUTZ, FL 33549
MAILING ADDRESS: P.O. BOX 994, TARPON SPRINGS, FL 34688

ARTICLE II

The period of duration is perpetual.

ARTICLE III

The purpose or purposes for which the corporation is organized are to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act including, but not limited to buying, selling and developing of real property.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is:

<u>CLASS</u>	<u>NUMBER</u>	<u>PAR VALUE</u>
Common Stock	1,000	\$ 1.00

ARTICLE V

The street address of the initial registered office of the corporation is 21859 State Road #54 Suite 500, Lutz, Florida 33549, and the name of its initial registered agent at such address is JOEL MARTINES.

ARTICLE VI

The number of Directors constituting the initial Board of Directors of the corporation is , and the names and addresses of the persons that shall serve until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
Joel Martines	P.O. BOX 994 Tarpon Springs, FL 34688

ARTICLE VII

The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
Joel Martines	P.O. BOX 994 Tarpon Springs, FL 34688

Done this day of , 19 .



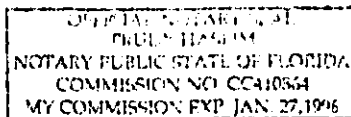
JOEL MARTINES
Incorporator

STATE OF FLORIDA

COUNTY OF PAVCC

I, TRUDY HASLAM, the undersigned authority,
a NOTARY PUBLIC in and for said COUNTY in the State,
hereby certify that JOEL MARTINEZ, whose name is
signed to the forgoing instrument and who is known to me,
acknowledged before me on this day, that being informed of
the contents of said instrument, has executed the same
voluntarily on the day the same bears date.

Given under my hand and seal this the 11TH day of
July,



Trudy Haslam
Notary Public
My Commission Expires: 1/27/96

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statute, 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: _____

High-Tech Waterproofing & Painting, Inc.

2. The name and address of the registered agent and office is:

JOEL K. MARTINEZ
(Name)

21854 STATE RD. # 54 SUITE 500
(P.O. Box NOT acceptable)

CLTZ, FL. 33549
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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 *Joel K. Martinez*

DATE 6-19-95

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314