P95000066727 TRANSMITTAL LETTER

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

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| • | Jurner | east fair | A WALLEY | 11 12, Inc |
|---|---|---|--|--------------|
| | | GINCELING, a name - must include su | | |
| Enclosed is an original for : \$70.00 Filing Fee | and one (1) cop \$78.75 Filing Fee | by of the articles of i \$122.50 Filing Fee | ⊠ \$131.25 | a check |
| FROM: | & Certificate | & Certified Copy | Filing Fee, Certified Copy & Certificate | 55 (17.29 FX |
| | Name (printed or typed) 10.2 1111 10.000 | | 1:01 | |
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| | | Telephone number | | |

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

ARTICLES OF INCORPORATION

PARTY OF STATE DIVISIONS

95 MIG 29 PM 1: 01

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:

Sourceast fabrications, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Palm Beach Gerdens, Fl. 33/18

ARTICLE III SHARES

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

1000 SHARES AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KRITTINE Raviele
1/02 PHILLERIOCC
1/11, Trecel, Galder & Lopida 55118

ARTICLE V INCORPORATOR(S)

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

There There is a constant of a leading of the

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

2545 day of (tug (19 95]

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.

| | | 95 Vise |
|---------|---|--------------|
| The nam | ne and address of the registered agent and office is: | 95 M 29 |
| | _ bristine Asquirle | P. 1997 |
| | (Name) | 一一 |
| | 702 THU TELLICE | – 55 |
| | (P.O. Box not acceptable) | |
| • | Talm Preach Gardons. | A luxidy 339 |
| | (City/State/Zip) | |

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)

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