

(SAMPLE LETTER OF TRANSMITTAL)

PG 5000068471

August 28, 1995

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

FILED
95 SEP - 1 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: PTM ASSOCIATES, Inc.
(name of corporation)

400001576054
-09/01/95--01043--013
****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Philip T. Medico Jr.

PHILIP T. MEDICO JR.
(individual's name)

PTM ASSOCIATES, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
1724 N W 126th Drive		
Coral Springs, Fl. 33071		
PHONE		
(305)	346-7955	Ext.
Area Code	Number	

8/31/95
(TD)

ARTICLES OF INCORPORATION

of

PTM ASSOCIATES, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract by and in a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PTM ASSOCIATES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ENVIROMENTAL SERVICES

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of Common Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>PTM ASSOCIATES, INC.</u>		
ADDRESS	<u>1724 N W 126th Drive</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33071</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>PHILIP T. MEDICO JR.</u>		
ADDRESS	<u>1724 N W 126th Drive</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33071</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (one) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>PHILIP T. MEDICO JR.</u>		
ADDRESS	<u>1724 N W 126th Drive</u>		
CITY	<u>Coral Springs</u>	STATE	ZIP <u>33071</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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SECRETARY OF STATE
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TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	PHILIP T. MEDICO JR.		
ADDRESS	1724 NW 126th Drive		
CITY	Coral Springs	STATE	Florida
		ZIP	33071
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 28 day of August, 1995.

Philip T. Medico Jr. (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA

COUNTY OF Broward

SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: PHILIP T. MEDICO JR.

Philip T. Medico Jr.
 Signature

PERSONALLY KNOWN

Form of Identification

Signature

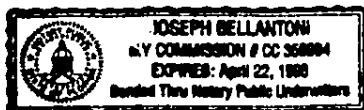
Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 28 day of August, 1995.

Joseph Bellantoni
 Notary Signature

JOSEPH BELLANTONI

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

PTM ASSOCIATES, INC.
(name of corporation)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

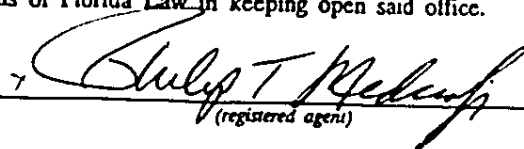
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 1724 N W 126th Drive
Coral Springs Florida 33071

has named PHILIP T. MEDICO JR.
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)