

Document Number Only

P960000010722

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

500001705585

-02/02/96--01063--012

\*\*\*\*122.50 \*\*\*\*122.50

Professional Installers, Inc.

☒ Profit Articles

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of N.A.

☐ Fictitious Name

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2/2/96

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CR2E031 (1-89)

RECEIVED  
FEB 2 1996  
PH 2:23  
CORPORATION  
P. 1-89  
2-2-96

## TRANSMITTAL LETTER

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

96 FILED  
FEB -2 PM 3:20  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Professional Installers, 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

Additional Copy Required

FROM: Celeste A. Laster  
Name (printed or typed)  
3545 69th Street, (P. O. Box 81)  
Address  
Winter Beach, FL 32971  
City, State & Zip  
407 569-5043  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

FILED  
96 FEB -2 PM 3:27  
SEC. STATE  
TALLAHASSEE, FLORIDA

*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:

Professional Installers, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

3545 69th Street P. O. Box 81  
Winter Beach, FL 32971 Winter Beach, FL 32971

### ARTICLE III SHARES

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

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Celeste A. Laster  
3545 69th Street  
Winter Beach, FL 32971

**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):

Celeste A. Laster  
3545 69th Street  
Winter Beach, FL 32971

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

01 day of February, 19 96.

Celeste A. Laster

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: Professional Installers, Inc.

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

Celeste A. Laster  
(NAME)

3545 69th Street  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Winter Beach, FL 32971  
(CITY/STATE/ZIP)

FILED  
56 FEB -2 1996  
TALLAHASSEE, FL

*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.*

Celeste A. Laster  
(SIGNATURE)

Feb. 1 1996  
(DATE)