

P96000012511

SECRETARY OF STATE
CORPORATION DIVISION
THE CAPITOL
TALLAHASSEE, FLORIDA 32301

Re: Articles of Incorporation

7000001707527
-02/06/96--01056--013
*****79.00 *****79.00

Dear Sirs,

Enclosed you will find my check in the amount of \$79.00
which pays the filing fee, Resident agent fee, and ~~certified~~
~~copy of the Articles of Incorporation included herein~~

Thank you for your consideration in this matter, and if you
have any questions, please contact me immediately.

Very truly yours,

Sebastian R. Santos
SEBASTIAN R. SANTOS

PRESIDENT

MONSAN CORP

FEB 9 1996 BSE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB -5 AM 9:37

FILED

ARTICLES OF INCORPORATION
OF

FILED
96 FEB -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this Corporation shall be :

MONSAN CORP.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as
a DRYWALL CONTRACTOR and transacting any and all
lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1
par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and
registered office of this corporation is

23398 S.W. 57TH AV #309
BOCA RATON FL 33428
and the name of the initial

registered agent of this corporation at the above
address is:

SEBASTION R. SANTOS

ARTICLE V

DIRECTORS

This corporation shall have one Director 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. The name and address of the initial Director of this corporation is:

SEBASTIAN R. SANTOS
23398 S.W. 57TH AV #309
BOCA RATON FL 33428

ARTICLE VI

INCORPORATORS

The name and address of the person signing these

Articles is:

SEBASTIAN R. SANTOS
23398 S.W. 57TH AV #309
BOCA RATON FL 33428

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

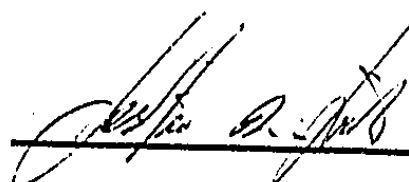
The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 31ST Day of JANUARY 1996.

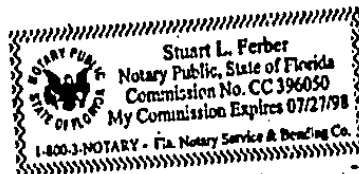

SEBASTIAN R. SANTOS

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 31 Day of JANUARY 1996.. personally appeared before me, the undersigned authority, SEBASTIAN R. SANTOS to me well known and known to me to the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.


Notary Public

My commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

MONSAIN CORP.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 23392 S.W. 57TH AVE #39
BUCA RATON, COUNTY OF PALM BEACH STATE OF
FLORIDA. HEREWITH APPOINTS,
AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

(CORPORATE OFFICER) SEBASTIAN R. SANTOS

TITLE

PRESIDENT

DATE

1-31-96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

DATE

1-31-96

FILED
96 FEB -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P96000012511

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>Stuart Ferber, American Insurance Management</u>	EIN or SS#:
Address: <u>750 East Sample Road</u>	
<u>Pompano Beach, FL 33064</u>	
Amount: <u>\$115.00</u>	Date Paid: _____
Decided not to file	
Reason for Claim: <u>Articles for RUPERT R. REID, INC. (W96000017631, Overpayment on articles</u>	
<u>for BEN PAVERS, INC. (P96000021792), MONSAN CORP. (P96000012511), KEVIN L. EBRIGET,</u>	
<u>INC. (P97000002081), FLORIDA BUILDING & DESIGN, INC. (P96000090802). Request refund.</u>	
Certified true and correct this _____ day of _____, 19 _____	
Signature _____	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	

RECEIVED
97 SEP 22 PM 3:30
DIVISION OF CORPORATIONS

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>115.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>--01056--013</u>	<u>--02/06/96</u>
<u>--01087--005</u>	<u>--08/20/96</u>
<u>--01116--001</u>	<u>--03/07/96</u>
<u>--01113--020</u>	<u>--01/03/97</u>
<u>--01073--022</u>	<u>--11/01/96</u>
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	_____ (Authorized Agency Signature and Title)