| · 19600  | 25/05/05/05/0                             |
|--|---|
| Ed Shorman         (Requestor's Name)         4254 Shadowwood Lano         (Address)         Winter Haven, FL 33880 (941) 299-3846         (City, State, Zip)         (Pluate #) | 20<br>20000000000000000000000000000000000 |
|  | OFFICE USE ONLY                           |

# CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

|     | as Fabrication & Main<br>(Corporation Norme)    |   | (Dacument #)   |                      |
|-----|---|---|--|----------------------|
|     | (Corporation Name)                              | <u>,</u>                                  | (Decument #)   |                      |
|     | (Corporation Name)                              | <u></u>                                   | (Document #)   | in the second second |
|     | (Corporation Name)                              |   | (Document #)   |                      |
|     | Walk in Pick up time                            |   | Certified Copy   | 100                  |
|     |   |   |  | 22.0                 |
| X   | Mail out Will wait                              | Photocopy                                 | Certificate of St  |                      |
| X   |   |   | Certificate of St  |                      |
|     | Mail out 🔲 Will wait                            | Photocopy                                 | Certificate of St  |                      |
| x I | Mail out Will wait                              | Photocopy<br>AMENDA<br>Amendment          | Certificate of St  |                      |
| x I | Mail out Will wait NEW FILINGS                  | Photocopy<br>AMENDA<br>Amendment          | Certificate of St  |                      |
| X I | Mail out Will wait NEW FILINGS Profit NonProfit | Photocopy AMENDM Amendment Resignation of | Certificate of St<br>TENTS<br>R.A., Officer/Director<br>stered Agent |                      |

| OTHER FILNGS |                  |
|--------------|------------------|
|              | Annual Report    |
|              | Fictitious Name  |
|              | Name Reservation |

|   | REGISTRATION/<br>QUALIFICATION |
|---|--------------------------------|
|   | Foreign                        |
|   | Limited Partnership            |
|   | Reinstatement                  |
| · | Trademark                      |
|   | Other                          |



#### ARTICLES OF INCORPORATION

OF

# ALCON OF

# ATLAS FABRICATION & MAINTENANCE, INC.

#### ARTICLE T - NAME AND ADDRESS

The name of this corporation is Atlas Fabrication & Maintenance, Inc. The physical and mailing address of the corporation is 4254 Shadowwood Lane, Winter Haven, Florida 33880.

## ARTICLE II - COMMENCEMENT OF CORPORATION

This corporation shall commence its corporate existence on March 1, 1996.

#### ARTICLE III - DURATION

This corporation shall have perpetual existence.

#### ARTICLE IV - PURPOSE

This profit corporation is organized for the purpose of transacting any and all lawful business.

#### ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

## ARTICLE VI - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is : 4254 Shadowwood Lane, Winter Haven, Florida 33880, and the name of the initial registered agent of this corporation at that address is: Ed Sherman.

#### ARTICLE VII - PRE-EMPTIVE RIGHTS

Pre-emptive rights are granted to all shareholders.

Page One of Two

# ARTICLE VIII - INITIAL BOARD OF 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. The name and address of the initial director of this corporation is:

> Ed Sherman 4254 Shadowwood Lane Winter Haven, FL 33880

# ARTICLE IX - INCORPORATORS

The name and address of the person signing these articles is:

Ed Sherman 4254 Shadowwood Lane Winter Haven, FL 33880

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 1st day of March, 1996.

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 1st day of March, 1996, by **Ed Sherman**, who is personally known to me or provided a Florida drivers license, and who took an oath and affixed his signature as incorporator of **Atlas Fabrication & Maintenance, Inc.** 

DEBRA A. TAYLOR nmisaion OCI Expires Mar. 27, 1998 Bonded By HAI 800-422-1555

Notary Public Commission No.: Commission Exp.:

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

| 1.     | The name of the corporation is:                  |                                   |
|--------|--|-----------------------------------|
|        | Atlas Fabrication & Maintenance, Inc.            |                                   |
|        |  | .1                                |
| 2.     | The name and address of the registered agent and | officels                          |
|        | Ed Sherman                                       |                                   |
|        | (Name)   |                                   |
|        | 4254 Shadowood Lane                              | ())<br>[':]( )<br>*****           |
| •••••• | (P.O. Box <u>NOT</u> acceptable)                 | ် ကိုယ <b>ာ</b><br>ကိုယ် <b>က</b> |
|        | Winter Haven, FL 33880                           |                                   |
| ······ | (City/State/Zip)                                 | 2.1                               |

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 Col Suceno |  |
|----------------------|--|
| DATE 3/1/56          |  |

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