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FLORIDA DIVISION OF CORPORATIONS

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((H96000004910))  
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

NAME: SOUTHERN STATE PRECAST, INC.  
FAX AUDIT NUMBER: H96000004910  
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**ARTICLES OF INCORPORATION OF  
SOUTHERN STATE PRECAST, INC.**

**THE UNDERSIGNED**, acting as incorporator of a Corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such Corporation:

**ARTICLE I - NAME**

The name of this Corporation is: **SOUTHERN STATE PRECAST, INC.**

**ARTICLE II - DURATION**

The duration of this Corporation is perpetual.

**ARTICLE III - PURPOSE**

The purpose for which this Corporation is organized is to engage in any lawful act or activities for which corporations may be organized under the laws of the State of Florida.

**ARTICLE IV - MAILING ADDRESS OF CORPORATION**

The mailing address and principal place of business of this Corporation is: 4599 Tenth Avenue, Lake Worth, Florida 33411.

**ARTICLE V - STOCK**

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of common voting stock.

**ARTICLE VI - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of this Corporation's initial registered office in Florida is 1555 Palm Beach Lakes Blvd., Suite 1000, West Palm Beach, Florida 33401, and the name of its initial registered agent at that

Prepared by: Michael J Posner 1555 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401 Bar No: 525685

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address is Michael J Posner, Esq.

**ARTICLE VIII - INCORPORATOR**

The name and address of the incorporator is:

Name

Address

Michael J Posner

1555 Palm Beach Lakes Blvd.  
Suite 1000  
West Palm Beach, FL 33401

DATED this 5th day of April, 1996.

  
Michael J Posner  
(Incorporator and Registered Agent)

STATE OF FLORIDA )

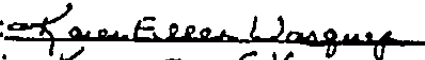
COUNTY OF PALM BEACH )

)ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Michael J Posner, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 5 day of April, 1996.

Notary Public

Sign:   
Print: KAREN ELLEN VASQUEZ  
State of Florida at Large  
My Commission Expires:



KAREN ELLEN VASQUEZ  
MY COMMISSION # CC373620 EXPIRES  
May 19, 1998  
BLANDED TRUST TRUST FARM INSURANCE, INC.

Fax Audit No.: H96000004910

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**ACKNOWLEDGMENT:**

Having been named to accept service of process for SOUTHERN STATE PRECAST, INC., at the initial registered office of the Corporation in this State designated in its Articles of Incorporation, I hereby accept to act in this capacity and agree to comply with the provisions of Section 607.0505 Florida Statutes.

Date: April 5, ~~1995~~ 1996.

  
Michael J Posner

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mjp@southern.precast.net