

P96000032/3/

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

1000001773001
04/03/96 - 01/01/97
***122.50 ***122.50

SUBJECT: JOHN CUMMINGS SHADE BUILDERS INC.
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: JOHN CUMMINGS
NAME (PRINTED OR TYPED)
PO BOX 036
ADDRESS
LAKE COMO, FLORIDA 32157
CITY, STATE, & ZIP
(904) 698-4328
TELEPHONE NUMBER

FILED
96 APR -8 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

P96000032/3/

FILED

96 APR -8 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

THE UNDERSIGNED, DESIRING TO ORGANIZE A CORPORATION UNDER CHAPTER 607, FLORIDA STATUTES, SET FORTH THE FOLLOWING:

ARTICLE I

THE NAME OF THIS CORPORATION SHALL BE JOHN CUMMINGS SHADE BUILDERS INC.. THE ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION AND THE MAILING ADDRESS OF THE CORPORATION IS: PO BOX 036
LAKE COMO, FLORIDA 32157.

ARTICLE II

THE DURATION OF THE CORPORATION SHALL BE PERPETUAL.

ARTICLE III

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO INCLUDE THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.

ARTICLE IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS 500 SHARES COMMON STOCK ALL OF ONE CLASS, EACH SHARE HAVING A PAR VALUE OF \$1.00, WHICH MAY BE ISSUED FOR SUCH CONSIDERATION HAVING A VALUE OF NOT LESS THAN THE PAR VALUE OF THE SHARES ISSUED THEREFORE AS TO THE BOARD OF DIRECTORS SHALL BE DEEMED APPROPRIATE.

ARTICLE V

THE STREET ADDRESS OF THE CORPORATION'S INITIAL REGISTERED OFFICE IS 6683 CRILL AVENUE PALATKA, FLORIDA 32177, AND THE NAME OF THE REGISTERED AGENT AT THAT OFFICE IS BRENDA WILLIAMS. A WRITTEN ACCEPTANCE AS REQUIRED IN SECTION 607.001, F.S. IS ATTACHED HERETO AND MADE A PART HEREOF.

ARTICLE VI

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2), AND THE NAMES OF THE PERSONS WHO SHALL SERVE AS DIRECTORS ARE: JOHN CUMMINGS
SHARON CUMMINGS

ARTICLE VII

THE DATE AND TIME OF THE COMMENCEMENT OF THE CORPORATE EXISTENCE SHALL BE THE DAY OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

ARTICLE VIII

THE OFFICERS OF THIS CORPORATION SHALL CONSIST OF A PRESIDENT, SECRETARY, AND TREASURER, EACH OF WHOM SHALL BE APPOINTED BY THE BOARD OF DIRECTORS. SUCH OTHER OFFICERS AND ASSISTANTS AND AGENTS AS MAY BE DEEMED NECESSARY MAY BE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME.


ARTICLE IX

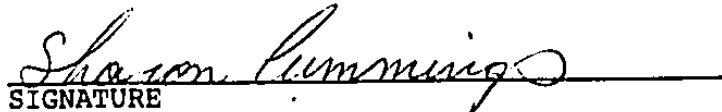
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) OF THESE ARTICLES OF INCORPORATION IS: JOHN CUMMINGS

PO BOX 036
LAKE COMO, FLORIDA 32157

SHARON CUMMINGS
PO BOX 036
LAKE COMO, FLORIDA 32157

THE UNDERSIGNED INCORPORATOR(S) HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 31ST DAY OF MAR 1996.


SIGNATURE


SIGNATURE

FILED

96 APR -3 PM 4:11

REGISTERED AGENT
IN FLORIDA

REGISTERED AGENT'S ACCEPTANCE:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS APPLICATION, 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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Brenda Williams
NAME:

6683 CRILL AVENUE
ADDRESS

PALATKA, FLORIDA 32177
CITY, STATE, ZIP

P96000032131

JCSB, I
PO 036
Jk. Lomo, L.L.
32157

900002000669--9
-11/08/96--01084--005
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R. A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -8 PM 4:24

NOV 14 1996

RESIGNATION BY DIRECTOR, OFFICER OR EMPLOYEE
John Cummings Shade Builders Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -8 PM 4:24

Date: October 28, 1996

To: Sharon Cummings, Vice President

From: John Cummings, President

This memorandum is to inform you in your official capacity as the Vice President of John Cummings Shade Builders Inc., that I hereby tender my resignation from all offices in which I have served the Company and that I hereby terminate my employ by the Company effective upon the close of business on the 28th day of October, 1996 .

I now have in my personal possession the following items that are the property of the Company: None

Each of these items will be returned to the Company no later than the effective date of this resignation.

All compensation due me but that will not be paid on or before the effective date of my resignation and all correspondence that may relate to my rights under the Company's pension plan or any other matter should be mailed to me at:

Po Box 036
Lake Como, Florida 32157

Sincerely,

