P96000040223

DATE 5-2-96

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

Re: NIDEN ESTIMATORS 2000000 1810852 (Name of Corporation) -05/07/96--01051--009 ####122.50 ####122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Mikelin A Meter

(Individual's Name)

NIDEM ESTIMATORS INC.

MAILING ADDRESS OF CORPORATION —

1440 N.W. 45 ST. # 6 A

POMPAND BEACH, Fl. 33064

PHONE —

(954) 783-8546

Area Code Number Ext.

GB 5/10/96

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. '		AR'	TICLES	OF INCOR	PORATIC	ON			
	N	IDEM	Es	of TIMATU	irs	INC.			
			(nu	me of corporati	on)		·		
Th the follo	e undersigned neting wing articles of inco	as the incorporat rporation for sucl	ors of a ec reorporati	orporation under on:	the Florida	Business Cor	poration	Act, ad	lopt(s)
			ARTICLE	: I - CORPORA	TE NAME				
Th	e name of the corpor	ntion is:)FM	ESTIM	ATORS	INC.	; t	10 61	
						··	, ,		i. H
			ARTI	CLE II - DURA	TION			on On	'
Th	is corporation shall e	xist perpetually u				aw.	1		
					,			7.7	
			ART	CLE III - PURI	POSE			417	
Th United S	e corporation is organ States and the State of	nized for the purp Fisherida.	ose of eng	gaging in any ac	tivities or b	usiness permi	tted unde	er the la	ws of the
			ARTICL	E IV - CAPITAL	STOCK				
Th	e corporation is autho	orized to Issue	500	shares of comm	on stock, pr	ır value \$	1.00	p	er share.
Th	e street address of the			INITIAL PRINC , if different, the					
STREE	ET ADDRESS	1440	N.W.	45	S 77	Suite	4A		
	····								
CITY	POMPANO	BEACI	4	FLC	RIDA		ZIP	330	64
	ailing address, if di	fferent							
STREE	ET ADDRESS								
0,000									
CITY	···		 	FLC	RIDA	· ···	ZIP		

ADDRESS 1440 N.W. 45 ST # 6A CITY POMPAND BEACH FLORIDA ZIP 33064

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME

,						F DIRECTORS		
enner merens	see or annims	1 have <u>OA</u> hed from time to ector(s) of the co	o ume ny me i	BV-L0W8.	nn umall r	ctors initially, T never be less the	he number of in one (1). The	directors may i e names and
NAME	Nichol	LAS DE	METRE	 				
ADDRESS		N,W,		拉	6H			
CITY A		BEACH				FL,	ZIP	33064
NAMB								
ADDRESS						· · · · - · · · · · ·	1	
CITY					STATE	44	ZIP	**************************************
NAME					• • • • • • • • • • • • • • • • • • • •			
ADDRESS								
CITY					STATE		ZIF)
NAME ADDRESS		AS DE			# /	/ _{- Δ}		
		Nw.		ST.	# (
NAME	omPANO	BEAC	H	·····	STATE	FL.	ZIP	33064
ADDRESS								
CITY					STATE		700	
NAME			··		STATE		ZIP	·
ADDRESS								
CITY					STATE		ZIP	<u> </u>
The underside	ened incorpo	rator(s) have e	executed thes	e Articles		noration this		
				, 19	96	•		
				<u> </u>	ichola	, De Vita	ib	(Signature)
								(Signature)
								(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

NIDEM ESTIMATORS INC.

Pursuant to Florida	Statutes Sections 4	8.091 and 607.05	01, the following	z is submitted:
The above corporate	tion, organized unde	er the laws of the	State of Florida v	with its registered office
	Articles of Incorpora N. し。 み	ution SST サ6	A	
	NO BEACH	T	33064	
has named	NICHOLAS	DEMETRE	•	
located at the afore	said address, as its r	registered agent to	accept service o	of process within this
state.			•	•
state.			•	•