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LETTER OF TRANSMITTAL

Contact Personally:

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Willis D. Graham 106 Mayrose Dr. Sanford, FL 32771

Phone: (407) 328-8635

FILED
96 JUN-3 AM IO: 17
SECRETARY OF STATE
SECRETARY OF FLORIDA

Willis D. Graham

16

ARTICLES OF INCORPORATION

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. .		•	
	_Thermalpro_Roof	ing—Syntome—Inc.———————————————————————————————————	- 100 Miles
The undersigned su		of Incorporation, natural person(s) competent (الم في أَوْمَانَةُ
	ARTIC	CLE I - CORPORATE NAME	SSEE TO SEE TO S
The name of the	corporation is:		72.2
Therm	nalpro Roofing Syr	toms Inc.	70.5
	Al	RTICLE II - DURATION	<i>'</i>
This corporation s	hall exist perpetually unless	dissolved according to Florida law,	
	A	RTICLE III - PURPOSE	
	organized for the purpose of the State of Florida.	f engaging in any activities or business permitt	ted under the laws of the
	,	QLE IV - CAPITAL STOCK	
		Hundred shares (300) of Common Stock, which shall be designated	
	ARTICLE V - INITI	AL REGISTERED OFFICE AND AGENT	
The principal office	e, if known, or the mailing	adress of the corporation is:	
NAME Ther	maloro Roofing Sy	stems Inc.	
CTIY Sanf		FLORIDA FL	ZIP 32771
	· · · · · · · · · · · · · · · · · · ·	egistered Agent of this Corporation is:	
NAME Wil	lis D. Graham.		
	•		
CITY Sanfo		FLORIDA FL	ZIP 32771
	<u> </u>	INITIAL BOARD OF DIRECTORS	
increased or dimini	all have Two (sished from time to time by hitial director(s) of the corp	the By-Laws, but shall never be less than on	
NAME WILL	is D. Graham		
ADDRESS 106 N	Mayrose Dr.	· · · · · · · · · · · · · · · · · · ·	
TTY Sanfor	rd	STATE FI.	ZIP 32771
NAME Dear	na S. Graham		
DDRESS 106	Mayrose Dr.	· · · · · · · · · · · · · · · · · · ·	
CITY Sanf	Ford	STATE FL.	ZIP 32771
IAME			
DDRESS		· **	
TTY		STATE	ZIP

PAGE 1

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FORM 215: ARTICLES OF INCORPORATION, PAGE 1

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

	<u> </u>	
NAME Willis D. Graham		
ADDRESS 106 Mayroso Dr.	<u> </u>	
Criy Sanford	. SIMIN FI.	ZII 32771
NAME Deana S'. Graham		
ADDRESS 106 Mayrose Dr.		
CITY Sanford	STATE FL	ZIP 32771
NAME		•
ADDRESS	·	
CITY	STATE	ZIP
day of <u>May</u> , 19 <u>96</u> .	Selana 5 Orat	(Scal) (Scal) (Scal)
STATE OF FLORIDA COUNTY OF SS before me, a Notary Public authorized to take acknow appeared	wledgements in the State and County s	set forth above, personally
known to me and known to be the person(s) what acknowledged before me that execute		Incorporation, and who
• • •	y hand and scal, in the State and County Commission expires:	aforesaid, this

BILLIE JEAN CLAYTON
Notary Public, State of Florida
My Correr. Expires Dac. 17, 1999
No. CC 519013
Bonded Thou Official Michaey Security
1-(800) 723-0121

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

	(name of corporation)
•	
Pursuant t	o Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
	corporation, desiring to organize under the laws of the State of Florida with
	red office as indicated in the Articles of Incorporation
at	106 Mayrose Dr.
	Sanford, F1 32771
•	4° *
	Willis D. Graham

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(refiltered agent)