P960000049375

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

900001955598 -06/07/96--01042--011 *****70.00 *****70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 **\$78.75** \$122,50 **\$131.25** Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee, Certified Copy Filing Fee **Additional Copy Required** FROM: 521 LANG Rd City, State & Zip AL 'JUN 1 0 1996 9041 863-5732 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

DOC, EXAM

FILED

ARTICLES OF INCORPORATION

96 JUN -7 PH 3: 54

SECR. WAY OF STATE TALL AHASSET, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CAPPS PRESSURE WHENING, THE.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

FT WALTON BOH, FL 32547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ROGER L. CAPPS

521 LANG Rd.

521 LANG Rd.

FT WALT ON BOH, FC 32547)

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(cs) of the incorporator(s) to these Articles of incorporation is(are):

ROJER L. CAPPS

521 LANGE RD

FT WALTON BOH, FL 32647

The und	<u>ersigned ir</u>	corporator(s) has(haye)	executed.	these Anicles of Incomoration
6	day of _	JUNE	, 19_	96.
An addi	tional artic	le must be added if an e	ffective da	ite is requested.)
		1		
	-	Roger L.	Signat	ure
	-		Signat	ure
		· .		
	•		Signat	100

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, 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: CAPPS PROSURIE WAS	5H1N9	. Z.e	<u></u>				
2. The name and address of the registered agent and office is:							
ROGER L. CAPPS	SVEYT	7- HUL 6	-77				
(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)		PH -	.53.				
FT WALTON BON FL 32.547	PORIDA PORIDA	ភ្ជ					

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.

Roge J. Cape (SIGNATURE) (DATE)