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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

500001878766 -06/28/96--01020--001 *****70.00 *****70.00

SUBJECT:	LEAK SLEUTH INC				
(I	roposed corporate	name - must include su	ı(lix)		
Enclosed is an original and one (1) co for: \$\formall \$70.00		\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required		and a check	
FROM:	JAMES	J. THERIAULT		J	
PAOIVI.	Name (Name (printed or typed)			
(3111 RODGERS	AVE., P.O.BOX	19541		
		Address			
	SARASOT	A, FL 34276-25	541		
	City, State & Zip				
	941 9	924-3842			
	Daytime 1	Telephone number			

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

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, 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:

LEAK SLEUTH INC

ARTICLE II PRINCIPAL OFFICE

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

6111 RODGERS AVE P.O.BOX 19541 SARASOTA, FL 34276-2541

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES J. THERIAULT 6111 RODGERS AVE P.O.BOX 19541 SARASOTA, FL 34276-2541

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JAMES J. THERIAULT 6111 RODGERS AVE P.O.BOX 19541 SARASOTA, FL 34276-2541

The undersigned in	corporator(s) has(have)	executed these Articles of Incorporation this
24 ⁺¹ day of _	June	, 19 <u>94</u> .
	\$	
		Signature
		Signature
<u> </u>		Signature

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

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDALS TO THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF THE

ı.	The name of the corporation is:	LEAK SLEUTH INC	
2.	The name and address of the regis	stered agent and office is:	
	J		
	6111 ROD	GERS AVE, P.O.BOX 19541	
	(P.O. Bo		
	SARA	SOTA, FL 34276-2541	
		(CITY/STATE/ZIP)	

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.

(SIGNATURE) (DATE)