TRANSMITTAL LETTER

MOON 605

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

| SUBJECT: Transport Comporate name - must include suffix) (Proposed corporate name - must include suffix) | | | | |
|---|--|--|--|--|
| Enclosed is an original for : | I and one (1) co | py of the articles of | incorporation a | nd a check |
| Filing Fee | ₹ \$78.75 Filing Fee & Certificate | #122.50 Filing Fee & Certified Copy | #131.25 Filing Fee, Certified Copy & Certificate | |
| FROM: | DAVID WAGNER Name (printed or typed) | | | 7.000018580027 -07/18/9601053016 *****78.75 *****78.75 |
| | | (printed or typed) - (() ' () ' Address | | |
| | 33021. | | | |
| | | 754- 763-8 Telephone number | 051 | 7-19-96 |

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

ARTICLES OF INCORPORATION

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: TECHINICAL FIRE SPRINKLER FINE

ARTICLE II PRINCIPAL OFFICE

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

1921 N. 47 & Ave., Holly wood, Fl. 3302/ .

ARTICLE III __SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAUID WAGNER 1921 N.477 Are. .HOlly wood, F1 3.3021

ARTICLE V INCORPORATORISI

• The name(s) and street address(es) of the incorporator(s) to these Articles of incorpora-

DAVID WAGNER

1921 N. 475 Are. Holly wood, Fl. 3307

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

15 15 day of July 1996.

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

| TAVID LUAGNER (Name) (P.O. Box not acceptable) Holly wood F1 33021 | DAVID LUAGNER (Name) 1921 N. 473 Ave (P.O. Box not acceptable) Holly wood Fl. 33021 (City/State/Zip) | | • | |
|---|---|---|--|--|
| (Name) 1921 N 473 Ave (P.O. Box not acceptable) Holly wood F1 33021 | (P.O. Box not acceptable) HOlly wood F1 33021 (City/State/Zip) | _ LAVI | D WAGNER | MTW Egy Egy ME 38 |
| Holly wood FI 3302/ | (City/State/Zip) | | (Name) | |
| - HOLLY WOOD 1/1 3302/ 9 5 | (City/State/Zip) | (P. | O. Box <u>not</u> acceptable) | |
| | | Holly woo | D F1 33021 | |
| (City/State/Zip) | 7 heen named as majetamed amount on the | | (City/State/Zip) | |
| g been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept pointment as registered agent and agree to act in this capacity. I further agree to the proper and complete performing to the proper and complete performing to the proper and complete performing to the obligations of my position isterpenagent. | | of my duties, and I am familia istemenagent. | surfices relating to the proper an ar with and accept the obligations | d complete perfor- s of my position |