

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
 OCT 28 1996
 CAPITAL CONNECTION, INC.

REQUEST TAKEN CONFIRMED APPROVED
 DATE 10/28
 TIME _____ CK No. _____
 BY _____

WALK-IN 8:30 AM
 Will Pick Up _____

NE: LK Builders, Inc

	C.O. FEE.	DISBURSED
Capital Express™		
✓ Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
✓ () Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
O U B-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s. Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

SUBTOTALS _____

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

OCT 28 1996

ARTICLES OF INCORPORATION

of

L & K BUILDERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 23 PM 3:49

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

L & K BUILDERS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand (1000) shares .001 Dollar(s) (\$.001) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

**ANN T. FRANK
2124 Airport Road South
Suite 102
Naples, FL 34112**

The principal office, if known, or the mailing address of the corporation is:

**4945 Barcelona Circle
Naples, Florida 34112**

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

Larry Snyder
4945 Barcelona Circle
Naples, FL 34112

Kevin Snyder
4945 Barcelona Circle
Naples, FL 34112

ARTICLE VII - INCORPORATORS

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

PETER B. FRANK
2124 Airport Road South
Suite 102
Naples, FL 34112

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24 day of October, 1996.

Peter B. Frank (Seal)

STATE OF FLORIDA
COUNTY OF COLLIER

Before me a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Peter B. Frank
PETER B. FRANK

X Personally known to me
Form of Identification

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form X of identification of the above named person _____ as indicated opposite each name, and that an oath was taken.



TINA M KASLEY
My Commission CC564957
Expires Jun. 20, 2000

Notary Rubber Stamp Seal

Witness my hand and official seal in the county and State last aforesaid this 24 day of OCTOBER, 1996.

Tina M. Kasley
Notary Signature

Tina M. Kasley
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

L & K BUILDERS, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 23 PM 3:48

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at

2124 Airport Road South
Suite 102
Naples, Florida 34112

has named **Ann T. Frank, Esquire**

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

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.

Ann T. Frank
(registered agent)

ANN T. FRANK, P.A.

Attorney at Law

2124 Airport Pulling Rd. S. Suite 102
Naples, Florida 34112

P96000088665

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 _____
(Corporation Name) (Document #)

2 _____
(Corporation Name) (Document #)

3 _____
(Corporation Name) (Document #)

4 _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

000002328760--0
-10/24/97--01030--017
*****35.00 *****35.00

97 OCT 24 PM 12:48

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, Kevin Snyder, hereby resign as Director
(Title)

of L & K Builders, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Kevin Snyder by Larry F. Snyder ATTORNEY-IN-FACT
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

57 OCT 24 PM 12:46

SPECIAL POWER OF ATTORNEY

I, Kevin Keith Snyder, residing at 44525 Carbon Hill Rd., Nelsonville, OH 45764, _____

_____, USA hereby appoint Larry Eugene Snyder of 4945 Barcelona Circle, Naples, FL 33962, _____, USA, as my Attorney-in-Fact ("Agent").

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to: Sign for me for any matters pursuant to forming a business corporation, and for any matters concerning said corporation.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated October 21, 1996 at Yonkers, NY
Ohio USA.

Kevin Keith Snyder
Kevin Keith Snyder

State/Commonwealth of OHIO
County/City of ATHENS

This instrument was acknowledged before me on this 21st day of OCTOBER, 1996 by Kevin ~~Keith~~ ^{Kevin} Keith Snyder.

Rita Taylor
Notary Public

RIO RITA TAYLOR
NOTARY PUBLIC, STATE OF OHIO
MY COM. EXP. 5/10/2000

Title (and Rank)
My commission expires 5/10/2000