

P96000090802

SECRETARY OF STATE
CORPORATION DIVISION
THE CAPITOL
TALLAHASSEE, FL. 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -1 PM 4:44

RE: Articles of Incorporation

Dear Sirs,

Enclosed you will find my check in the amount of \$79.00 which pays the filling fee & Resident agent fee, included herein.

Thank you for your consideration in this matter, and if you have any questions, please contact me immediately.

Very truly yours,

000001994250--7
-11/01/96--01073--022
*****79.00 *****79.00

AMERICAN INSURANCE MANAGEMENT
750 EAST SAMPLE RD.
POMPANO BEACH, FL 33064
(305) 843-3533 • FAX (305) 843-0834

51
11/5

ARTICLES OF INCORPORATION

OF

ARTICLE I

NAME

The name of this Corporation shall be :

FLORIDA BUILDING + DESIGN, INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating
and transacting any and all
lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1
par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and
registered office of this corporation is

1471 S.W. 30th AVE #9
DEERFIELD BEACH FL 33441
and the name of the initial

registered agent of this corporation at the above
address is:

JEFFREY NORMAN STEPHENS

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SECRETARY OF STATE
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ARTICLE V

DIRECTORS

This corporation shall have one Director 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. The name and address of the initial Director of this corporation is:

JEFFREY NORMAN STEPHENS
1471 S.W. 30th AVE #9
DEERFIELD BEACH, FL 33441

ARTICLE VI

INCORPORATORS

The name and address of the person signing these

Articles is: JEFFREY NORMAN STEPHENS
1471 S.W. 30th AVE #9
DEERFIELD BEACH FL 33441

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

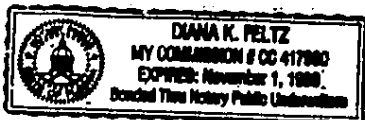
This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this of

John S. Peltz
PRES

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 29th Day of October, 1996 personally appeared before me, the undersigned authority, JEFFREY N. STEPHENS to me well known and known to me to the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.



Diana K. Peltz
Notary Public

My commission Expires: 11-1-98

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 1471 S.W. 30th Ave #9
OCEAR FIELD BEACH, COUNTY OF BROWARD STATE OF
FLORIDA. HEREWITH APPOINTS,
AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE


(CORPORATE OFFICER)

TITLE

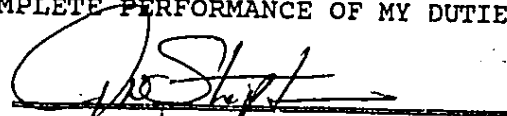
PRES

DATE

10/29/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE



DATE

10/29/96

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -1 PM 4:44

P96 0000 90802

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

RECEIVED
97 SEP 22 PM 3:30
DIVISION OF CORPORATIONS

Name: Stuart Ferber, American Insurance Management EIN or SS#: _____

Address: 750 East Sample Road
Pompano Beach, FL 33064

Amount: \$115.00 Date Paid: _____
Decided not to file

Reason for Claim: Articles for RUPERT R. REID, INC. (W96000017631, Overpayment on articles
for BEN PAVERS, INC. (P96000021792), MONSAN CORP. (P96000012511), KEVIN L. EBRIGER,
INC. (P97000002081), FLORIDA BUILDING & DESIGN, INC. (P96000090802). Request refund.

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 115.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

--01056--013 -02/06/96

State Treasurer's Receipt No. --01087--005 dated -08/20/96 --01113--020 -01/03/97

--01116--001 -03/07/96 --01073--022 -11/01/96

NAME OF ACCOUNT: _____

45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations

(Agency)

(Authorized Agency Signature and Title)