

P96000097895

TRANSMITTAL LETTER

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

SUBJECT: SPECIALTY CHEMICAL SUPPLY, INC.
(Proposed corporate name - must include suffix)

500002004905--7
-11/14/96--01085--014
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHAEL A WATKINS
Name (Printed or typed)
334 EAST LAKE RD. #237
Address
PALM HARBOR FL. 34685
City, State & Zip
813-855-7730
Daytime Telephone number

96-24410

Dmc
11/18/96

~~789,524,671~~

96 DEC -3 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 18, 1996

MICHAEL A. WATKINS
334 EAST LAKE ROAD #237
PALM HARBOR, FL 34685

SUBJECT: SPECIALTY CHEMICAL SUPPLY, INC.
Ref. Number: W96000024410

We have received your document for SPECIALTY CHEMICAL SUPPLY, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include an original signature of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 996A00052489

ARTICLES OF INCORPORATION

FILED
96 DEC -3 AM 11:09
SECY
TALLAHASSEE STATE
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:

SPECIALTY CHEMICAL Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

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

PLACE OF BUSINESS 4025 TAMPA RD, 1107-B
OLDSMAR FLORIDA 34677

MAILING ADDRESS: 334 EAST LAKE RD #237
PALM HARBOR FL. 34685

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HOME
MICHAEL A WATKINS
3161 LAKE AVE WAY SOUTH
APT. A-3
TARZON SPRINGS FLORIDA
34689

[Handwritten Signature]
11-23-96

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

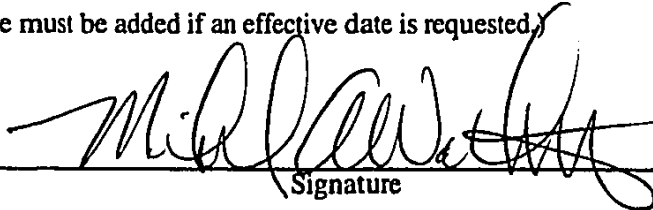
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL A WATKINS
3161 LAKE PINE WAY SOUTH APT. A-3
TARPOON SPRINGS, FLORIDA 34689

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

11 day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

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:

Specialty Chemical Supply, Inc.

2. The name and address of the registered agent and office is:

MICHAEL A WATKINS
(NAME)

3161 LAKE PINE WAY SOUTH APT. A-3
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TARPOON SPRINGS FLORIDA
(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)

11-11-96
(DATE)

96 DEC -3 AM 11:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA