7 00 00 1638 TRANSMITTAL LETTER

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

1/2/1997.

SUBJECT: _	C.T.S.	FRAMING,	INC.	3000020441132 -01/03/9701033008 *****70.00 *****70.00
for :	an original 70.00 ng Fee	and one (1) \$78.75 Fling Fee & Certificate	\$122.50	of incorporation and a check #131.25 Filing Fee, Certified Copy & Certificate
	FROM:	N	DESROCHES lame (printed or typed) BOX 6 Address	
		DANIA		

Daytime Telephone number

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:

C.T.S. FRAMING, INC.

FILED
97 JAH -2 PH 12: 24
SECRE ASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

3811 SANDPIPER DR # 7
Boynton Beach **F**1 33436-2427

ARTICLE III SHARES

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

FIVE THOUSAND COMMON SHARES \$ 1.00 P.V.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CLAUDE DESROCHES
3811 SANDPIPER DR #7
BOYNTON BEACH FL 33436-2427

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):

CLAUDE DESROCHES
3811 SANDPIPER DR # 7
BOYNTON BEACH FL33436-2427

i ne una	ersignea inco	rporator(s) has(have) executed these Articles of Incorporati	ion thi
2ND	day of	JANUARY 1997 , 19	
		fif the	
	(Signature CLAUDE DESROCHES	
		Signature	_
		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

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:	C.T.S. FRAM	ing, inc.				_
2.	The name and address of the regis	tered agent and offi	ice is:		TALLAH	97 JAN	TI
	3811 SA	NDPIPER DR # 7			i ASSEI	-2	F
	**************************************	(Name)		· · · · · ·		PH	ED
	3811 S	ANDPIPER DR #	ŧ q		FLOG	<u> </u>	
	(P.O. Bo	x or Mail Drop Box No	OT ACCEPTABLE)		LORIDA	24	
	BOYNTO	N BEACH FL 33	3436-2427				
		(CITY/STATE/ZII	P)				

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.

chl/ll-	1/2/97
CLAUDE DESROCHES LOUIS P. GAUTHIER	(DATE)
NOTARY PUBLIC, STATE OF FLOR MY COMMISSION EXP. JANUARY 27	1DA , 1999
COLVII, NO, CC 427373 Bonard Thru General Ins. Und.	
DIVISION OF CORPORATIONS F. O. BOX	//