TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 DORMINEY CONSTRUCTION CORPORATION (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED NORMAN M. DORMINEY Name (Printed or typed) FROM: __ 3238 CAPRI ROAD Address PRLM BEACH GARDENS, F1. 33410 City, State & Zip

189,615,706,671 N97-1352

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

561 - 775 - 7655 Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 31, 1997

NORMAN M. DORMINEY 3238 CAPRI ROAD PALM BEACH GARDENS, FL 33410

SUBJECT: DORMINEY CONSTRUCTION CORPORATION

Ref. Number: W97000007352

We have received your document for DORMINEY CONSTRUCTION CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 197A00016038

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:

DORMINEY CONSTRUCTION CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

3238 CAPRI RAD PALM BRACH GARDINS, FT. 33410

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NORMAN DORMINAY

3238 CAPRI ROAD

PALM BRACH GARDRUS, FT.

33410

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):

Norman Dorminey 3238 Capri ROAD PALM BRACH GARDENS

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

25 day of NARCH , 19 97 .

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

Mignature .

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:	DORMINEY	CONSTRUCTION	CORDORATION
1. The name of the corporation is:			
2. The name and address of the regi	stered agent and office is:		
Norn	M. Dormini (NAME)		
32-38	CAPRI ZOAD lox or Mail Drop Box NOT ACCEPT	ADIE	
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1ACM	BCH. GARDENS, F	113 35410	

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)

4-4-97 (DATE)

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