# P97000034144

### TRANSMITTAL LETTER

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

500002133465--6 -04/04/97--01027--008 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

	CRF,	ZMC. name - must include su	iffix)	97 APR 14 PH 10: 07 TALLAHASSEE CHELORID TO CHECK TO CHEC
Enclosed is an original for :  \$70.00  Filing Fee	and one (1) of \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	PH 10: 07
FROM:		AEL KING ne (printed or typed)  EAST BAY  Address	BLVD.	
	Gulf Gulf Dayti	BREEZE, City, State & Zip  04 - 457- ime Telephone number	FL 32561	1097/5000

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

R CHENGER

APR 1 6 1997



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 8, 1997

Doreen MIACHAEL KING 6600 E BAY BLVD GULF BREEZE, FL 32561

SUBJECT: SRF INC

Ref. Number: W97000008060



We have received your document for SRF INC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 397A00017432

## ARTICLES OF INCORPORATION OF

SOUTHERN REMODELINGS FROMING, LOIC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, here by adopt the following Articles of Incorporation.

ARTICLE I NAME			
The name of the corporation shall be:		97 A	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  31 NORTH NAVY BLVD.  PENSACOLA, FL 32507		PR 14 PK	FILED
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time 1,000,000 shares, no-par common stock	OPEDA	10: 07	ı

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GERARD J. KEELEY

21 NORTH NAME BLVD

GERARD J. KEELEY
31 NORTH NAVY BLVD.
PENSACOLA, FL 32507

ARTICLE V INCORPORATOR(S)

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

MICHAEL KING

6600 FAST BAY BLVD

6600 EAST BAY BLVD. GULF BREEZE, FL 32561

**ARTICLE VI** 

The duration of the corporate existence shall be perpetual

**ARTICLE VII** 

The business of the Corporation shall be managed by the shareholders without a board of directors

MICHAEL KING

## 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 corp	Southern Remoderants & France oration is:	6, Inc.
	ess of the registered agent and office is:	97 AP
· 	GERARD J KEELEY	
	3 / M. MAUY BLUD. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	FLORIDA
	PENSACOLA FL 32507 (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) (DATE)