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BOURSIQUOT ENTERPRISES
PH (954) 522-4010 / EIN# 85-0390060
1500 NW 19TH STREET
FT LAUDERDALE, FL 33311-3503

NATIONSBANK OF FLORIDA, N.A.
SUNRISE, FL 875
63-243/670

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Fictitious Name Registration

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Security features
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Details on back

Fictitious Name Registration

PO Box 1300
Tallahassee, FL 32302-1300

MEMO

C-Coleman's Masonry & Home Improv



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80.00 F.F.

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION OF

C-COLEMAN'S MASONRY & HOME IMPROVEMENTS, INC.

The undersigned for the purpose of forming a corporation under the laws of the State of Florida, do hereby adopt the following Articles Of Incorporation:

ARTICLE ONE NAME

The name of the corporation shall be:
C-COLEMAN'S MASONRY & HOME IMPROVEMAENTS, INC.

ARTICLE TWO PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1500 NW 19TH STREET, FT. LAUDERDALE, FL. 33311-3503.

ARTICLE THREE COPORATION DURATION

The duration of the corporation is perpetual.

ARTICLE FOUR PURPOSE OR PUPOSES

The general purposes for which the corporation is organized are:

- 1: To engage in the business of BRICK MASONRY AND HOME IMPROVEMENTS.
- 2: To engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxilliary to the foregoing business.
- 3: To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FIVE CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue at this time is 100. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

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STATE
TALLAHASSEE, FLORIDA

ARTICLE SIX INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and mailing address of the initial registered agent is: DOLLIE BOURSQUOT-COLEMAN, 1500 NW 19TH STREET, OFFICE # 7, FT. LAUDERDALE, FL. 33311-3503.

ARTICLE SEVEN DIRECTORS AND INCORPORATORS

The number of directors constituting the initial board of directors of the corporation is two (2).

The names and addresses of each person who is to serve as a member of the initial board of directors and incorporators to these Articles of Incorporation are:

Name	Address
1. <u>CHARLIE COLEMAN</u>	<u>3437 NW 29TH ST., FT. LAUD., FL. 33311-1842</u>
2. <u>DOLLIE BOURSQUOT-COLEMAN</u>	<u>3437 NW 29TH ST., FT. LAUD., FL. 33311-1842</u>


ARTICLE EIGHT OFFICERS OF THE CORPORATION

The number of officers is 3; the name and address of each officer is:

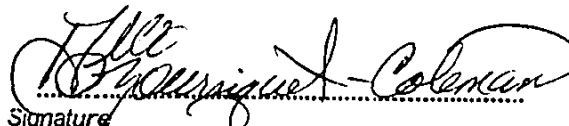
1. CHARLIE COLEMAN ,President 3437 NW 29TH ST., FT. LAUD., FL. 33311-1842
2. DOLLIE BOURSQUOT-COLEMAN , Vice-President 3437 NW 29TH ST., FT. LAUD., FL. 33311-1842
3. DOLLIE BOURSQUOT-COLEMAN , Secretary/Treas 3437 NW 29TH ST., FT. LAUD., FL. 33311-1842

The undersigned incorporators have executed these Articles of
Incorporation this 14TH day of March, 1997, A.D.

CHARLIE COLEMAN


Signature

DOLLIE BOURSQUOT-COLEMAN


Signature

Signature

(Art. of Inc. Revised 00/00/97 , Last rev. (0/0/97) fl/C_Crev1/2/3.wri

Articles of Inc. prepared and revised by: Dollie Boursiquot
Boursiquot Enterprises General Business Services
1500 NW 19th Street, Office # 1, FT. Laud., FL 33311-3503
(954) 522-4010 FAX (954) 522-4188

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**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-COLEMAN'S MASONRY & HOME IMPROVEMENTS, INC.

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

DOLLIE BOURSICQUOT-COLEMAN

1500 NW 19TH STREET, OFFICE # 7

FT. LAUDERDALE, FL. 33311-3503

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 of Dollie Boursiquot-Coleman)

3-17-97

(Date)

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

INC_C_REGA.wrt

**Certificate Prepared by: Dollie Boursiquot
Boursiquot Enterprises General Business Services
1500 NW 19th Street, Office # 1, FT. Laud., FL 33311-3503
(954) 522-4010 Fax (954) 522-4108**