Department of State **Division of Corporations** P. 0. 6327 Tallahassee, FL 32314

000002202650--4 -06/05/37--01039--014 *****70.00 *****70.00

SUBJECT: SEAL + SAVE WATERPROOFING INC.

(Proposed corporate name - must include suffix)

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

\$70.00

\$78.75

\$122.50

\$131.25

Filing Fee

Filing Fee & Certificate

Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

Please return the photocopy to me with the filling date stamped on it.

FROM:

R. HOLJES C. P. A.

Name (printed or typed)

BOX

DUNEDIN FL 34697 City, State & Zip

813 734 5405

Daytime Telephone Number

Articles of Incorporation
1. The name of the corporation shall be: 1. The principal place of business and mailing address of the corporation association association association.
2. The principal place of business and mailing address of the corporation is
3. The corporation shall have the authority to issue shares of stock.
4. The registered agent of the corporation is ROSENARY CARNEY and the registered street address is 10511 LAKE WILLIAMS DE ODESSA. Florida 33556.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: KATHLEEN PETELSON BOX 494 DUNEDIN FL 3469 ROSEMARY CARNEY L
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is ROLEMARY CARNEY whose street address is 10511 LARE WILLIAMS DR ODESSA FL 33556
Dated 6, 91 * No seman Carny Incorporator
Having been named as registered a center discussed in the second

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 am familiar with and accept the obligations of my position as registered agent.

Dated ____ 6/. / 9.7

Registered Agood