09700051147 TRANSMITTAL LETTER

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

200002117942--7 -03/19/97--01071--001 ****131.29 ****131.29

SUBJECT: Ancie	n! City Siding	l Roofing, Inc.	
	oposed corporate r	name - must include suffix)	
Enclosed is an original for : \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of incorporation a \$122.50	and a check
FROM:	James		SECRET INVISION 97 JUN
	Name	(printed or typed)	
	5940	Pine Cneek Drive	
		Address	STAT RAT
	St. A	lugustine, Florida 32092	Si our
	C	ity, State & Zip	
15. WII. 904-		826-0482	
15.611. 97—6877	Daytim	e Telephone number	

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

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SECRETARY OF STATE OF WITH THE COMPORATIONS

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 25, 1997

JAMES SHAW 5940 PINE CREEK DRIVE ST. AUGUSTINE, FL 32092

SUBJECT: ANCIENT CITY SIDING & ROOFING, INC.

Ref. Number: W97000006877

We have received your document for ANCIENT CITY SIDING & ROOFING, INC. and your check(s) totaling \$131.29. 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.

The registered agent must sign accepting the designation.

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) 487-6973.

Claretha Golden Document Specialist

Letter Number: 597A00014998

ARTICLES OF INCORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUNE 10 11 11

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:

Ancient City Siding & Roofing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5940 Pine Creek Drive St. Augustine, Florida 32092

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

James Shaw 5940 Pine Creek Drive St. Augustine, Florida 32092

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):

James Shaw 5940 Pine Creek Drive St. Augustine, Florida 32092 Greg Siddons 580/ Pine Creek Drive St. Augustine, Florida 32092

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

27th day of February , 19 97.

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

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 corp	poration is: Ancient City Siding & Roofing, In	ıc.
2. The name and addre	ess of the registered agent and office is:	
	James H. Shaw, Jr. (NAME)	SECRET DIVISION S
	5940 Pine Creek Drive (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	Lo Transport
_	St. Augustine, Florida 32092 (CTTY/STATE/ZIP)	3ATIONS

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)

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