PGTDDDD55024 TRANSMITTAL LETTER

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

500002212385--0 -06/16/97--01017--018 ****122.50 *****122.50

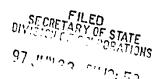
SUBJECT:	_TNT, Inc.	
	(proposed corporate name)	
	iginal and one (1) copy of the articles of inco	orporation and our check
for \$ <u>122.50</u>	<u> </u>	•
	• • • • • • • • • • • • • • • • • • •	
FROM:	Thomas Roach	
i ivolvi.	Name	., ,
	1689 S. E. Harp Lane	
	Address	
	Port St. Lucie, Florida 34983	
	City, State, & Zip	: 27 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	(561) 871-2702	STATE 17: 50
	Telephone Number	

502. 1V97 -14153

Note: Please provide the original and one copy of the Articles.







FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 17, 1997

THOMAS ROACH 1689 SOUTHEAST HARP LANE PORT ST. LUCIE, FL 34983

SUBJECT: TNT, INC.

Ref. Number: W97000014153

We have received your document for TNT, INC. and your check(s) totaling \$122.50. 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.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 497A00032329

ARTICLES OF INCORPORATION

SECRETARY OF STATE ORATIONS

<u>OF</u>

TWR. Inc.

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:

TWR, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1689 S. E. Harp Lane Port St. Lucie, Florida 34983

ARTICLE III SHARES

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

FIVE HUNDRED SHARES

All shares of stock for the Corporation will be Common Stock Class. Par value of stock will be \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas Roach

1689 S. E. Harp Lane

Port St. Lucie, Florida 34983

ARTICLE V INCORPORATOR(S)

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

Thomas Roach 1689 S. E. Harp Lane Port St. Lucie, Florida 34983

PURPOSES: To engage in pressure cleaning, vending and any and all services connected with such work.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

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

11th day of June , 1997

Signaturè

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: TWR , Inc.	
2.	The name and address of the registered agent and office is:	07 CO
	Thomas Roach	
	(NAME)	· · ·
•. •	1689 S. E. Harp Lane	· · · · · ·
	(P. O. BOX <u>NOT</u> ACCEPTABLE)	
	Port St. Lucie, Florida 34983	
	(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 10 P