

P47800065133

DANIEL E. CONLEY, ATTORNEY

6310 Trail Boulevard

Naples, FL 34108

(941) 597-7184

(941) 597-7264 fax

July 22, 1997

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

300002247833--0
-07/25/97--01063--019
*****70.00 *****70.00

RE: SCARAB CONSTRUCTION, INC.

Dear Sir or Madam:

On behalf of the above corporation, I enclose an two copies of the Articles of Incorporation along with a check in the amount of \$70.00.

Please enter this corporation on the records of your office, and return the copy of the Articles to me, with the file stamp of your office.

Thank you.

Very truly yours,

D E Conley
Daniel E. Conley

DEC/cb
encl.
cb/sec-state.doc

RECEIVED
7-22-97

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 25 PM 4:14

ARTICLES OF INCORPORATION

OF

SCARAB CONSTRUCTION, INC.

RECEIVED
7-22-97

ARTICLE I

The name of the corporation is SCARAB CONSTRUCTION, INC.

ARTICLE II

The duration of the corporation shall be perpetual, and the date and time of the commencement of corporate existence shall be July 22, 1997.

ARTICLE III

The general purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is seven thousand five hundred (7,500), having a par value of \$1.00 per share.

Every shareholder, upon the sale of any new stock of this corporation, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price and terms at which it is offered to others.

ARTICLE V

The initial principal office and the initial registered office of this corporation is 880 12th Street, SE, Naples,

Florida 34117, and the name of the initial registered agent of this corporation at that address is DONALD S. MOUNT.

ARTICLE VI

This corporation shall have three directors constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time pursuant to the By-Laws of the corporation. The name and address of the initial Board of Directors of this corporation is:

NAME

ADDRESS

Donald S. Mount

880 12th Street, SE
Naples, FL 34117

Adam Mount

880 12th Street, SE
Naples, FL 34117

Annette Frazzano

4349 17th Place, SW
Naples, FL 34116

ARTICLE VII

The name and address of each incorporator is:

NAME

ADDRESS

Annette Frazzano

4349 17th Place, SW
Naples, FL 34116

I, the undersigned, being the original incorporator of SCARAB CONSTRUCTION, INC., hereby certify that the foregoing constitute the Articles of Incorporation of said corporation.

IN WITNESS WHEREOF, I do hereby affix my hand and seal on this the 22 day of July, 1997.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

In compliance with Section 48.091, Florida Statutes,
the following is submitted:

That SCARAB CONSTRUCTION, INC., desiring to organize or
qualify under the laws of the State of Florida, with its
principal place of business at Naples, Collier County,
Florida, has named DONALD S. MOUNT, located at 880 12th
Street, SE, Naples, FL 34117, as its agent to accept service
of process within Florida.

Signature *Arthur Grupp*
Title incorporator
Date July 22, 1997

Having been named to accept service of process for the
above-stated corporation, at the place designated in this
certificate, I hereby agree to act in this capacity, and I
further agree to comply with the provisions of all statutes
relative to the proper and complete performance of my
duties.

Signature *Donald S. Mount*
Donald S. Mount
Date 7/22/97

dc/artincp4.doc

97 JUL 25 PM 4:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Annette Frazzano
Annette Frazzano

STATE OF FLORIDA
COUNTY OF COLLIER

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to take acknowledgments in the State and County aforesaid, personally appeared ANNETTE FRAZZANO, to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of July, 1997.

Carolyn L. Barker
Notary Public

My Commission Expires:



Carolyn L. Barker
MY COMMISSION # CC575584 EXPIRES
August 18, 2000
BONDED THROUGH TROY FAIR INSURANCE, INC.