

P97000077077

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: ADVANCED INSULATION OF CENTRAL FLORIDA, INC.
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

ENCLOSED IS AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES OF INCORPORATION
AND A CHECK FOR:

ADDITIONAL COPY REQUIRED			
\$70.00	\$78.75	\$122.50	\$131.25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
FILING FEES	FILING FEES & CERTIFICATE	FILING FEES & CERTIFIED COPY	FILING FEES & CERTIFIED COPY & CERTIFICATE

FROM: **FRANK G. RODRIGUES**
NAME (PRINTED OR TYPED)

P.O. BOX 127
ADDRESS

FLAGLER BEACH, FL 32136
CITY, STATE & ZIP

904-439-9222
DAYTIME TELEPHONE NUMBER

700002284327--3
-03/04/97-01012--001
***131.25 ***131.25

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -4 PM 2:31

9/15/97

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -4 PM 2:31

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:

ADVANCED INSULATION OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

P.O. BOX 127
2816 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES AUTHORIZED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JERRY C. KNIGHT
2825 NORTH OCEANSHORE BOULEVARD
FLAGLER BEACH, FL
MAILING ADDRESS: POST OFFICE BOX 34
FLAGLER BEACH, FL 32136

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES
OF INCORPORATION IS(ARE):

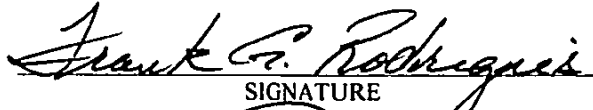
FRANK G. RODRIGUES
P.O. BOX 127
2816 N.OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

GREGORY RUSSELL
511 FOXHOLLOW LANE
ST. AUGUSTINE, FL 32086

PURPOSE: TO ENGAGE IN THE CONSTRUCTION REPAIR AND REMODELING OF BUILDINGS AND PUBLIC WORKS OF ALL KINDS, AND FOR THE IMPROVEMENT OF REAL ESTATE, AND THE DOING OF ANY OTHER BUSINESS AND CONTRACTING WORK INCIDENTAL TO OR CONNECTED WITH SUCH WORK, INCLUDING DEMOLITION. 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 **29TH** DAY OF **AUGUST**, 1997.

(AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.)


SIGNATURE


SIGNATURE

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -4 PH 2:31

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:

ADVANCED INSULATION OF CENTRAL FLORIDA, INC.

P.O. BOX 127

2816 N. OCEANSHORE BLVD.

FLAGLER BEACH, FLORIDA 32136

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JERRY C. KNIGHT

(NAME)

2825 NORTH OCEANSHORE BOULEVARD

(P. O. BOX OR MAIL DROP BOX **NOT** ACCEPTABLE)

FLAGLER BEACH, FL 32136

(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)

29TH DAY OF AUGUST, 1997.

(DATE)

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