CSAMPLE LETTER OF TRANSMITTAL) 9, September 1990 August 1990 Augus

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

<del>50000230559</del>5--2 -09/29/97--01037--025 \*\*\*\*122.50 \*\*\*\*122.50

Re: Re: (Name of Corporation), Inc.

## Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

ROBERT M. BONDY
(Individual's Name)

RMB CONSTRUCTORS, INC.

MAILING ADDRESS OF CORPORATION —

P. O. BOX 2702

WINTER DARK, FL

PHONE —

HOT 834-0532

Area Code Number Ext.

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ARTICLES OF INCORPORATION AMB CONSTRUCTORS, INC.
(name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: RMB CONSTRUCTORS, INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FLORIDA **CITY** Mailing address, if different SERENT ADDRESS FLORIDA CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	BOB A. VARMA		
ADDRESS	1425 SR 43	4 SUITE 109	
CITY	LONGWOOD	FLORIDA	ZIP 32750

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME ROBERT M. BONDY		
ADDRESS P.O. BOX 2702		
NAME ROBERT M. BONDY  ADDRESS P. O. BOX 2702  CITY WINTER PARK	STATE LL	ZIP 32790
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME	STATE FL	ZIP 32790
ADDRESS	OMAND.	
NAME	STATE	ZIP
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A day of	rticles of Incorporation this	257#  (Signature)  (Signature)

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



	KMO CONSTRUCTORS, INC
•	(name of corporation)
- · · · · · · · · · · · · · · · · · · ·	
Pursuant to Flori	da Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corpo	ration, organized under the laws of the State of Florida with its registered office
	e Articles of Incorporation
at	
4.00	1425 SA 434 SUITE 109 LONFWOOD, FL 32750
has named	BOB VARMA
located at the afo	presaid address, as its registered agent to accept service of process within this
state.	

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)

9/26/97 (Date)