SUITE A 2090 N POWERLINE RD.

|   | 2030   |      | 01,22,22 |     | T.D. | 9 | **** | • |
|---|--------|------|----------|-----|------|---|------|---|
| - | POMPAN | IO E | BEACH,   | FLC | RIDA | 3 | 306  | 9 |

City/State/Zip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Photocopy Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger

| OTHER FILINGS     |
|-------------------|
| <br>Annual Report |
| Fictitious Name   |
| Name Reservation  |

| REGISTRATION/<br>QUALIFICATION |
|--------------------------------|
| Foreign                        |
| Limited Partnership            |
| Reinstatement                  |
| <br>Trademark                  |
| Other                          |

EP10-9-97 Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 3, 1997

RICHARD MARTIN 2090 N. POWERLINE RD. STE. A POMPANO BEACH, FL. 33069

SUBJECT: POWERLINE COLLISION SPECIALIST INC.

Ref. Number: W97000022658

We have received your document for POWERLINE COLLISION SPECIALIST 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):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the original and one copy of 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 (850) 487-6929.

Randall Purintun Document Specialist

Letter Number: 697A00048702

## ARTICLES OF INCORPORATION

of

| •  |   |
|--|---|
| POWERLINE COLLISION SPECIALIST INC. (name of corporation)  | <del></del>                                   |
| The undersigned acting as the incorporators of a corporation under the Florida Business e following articles of incorporation for such corporation:  | Corporation Act, adopt(s)                     |
| ARTICLE I - CORPORATE NAME   |   |
| The name of the corporation is:  | بيا م   |
| POWERLINE COLLISION SPECIALIST INC.  | 97.0  |
| ARTICLE II - DURATION  | FILED<br>RETARY OF<br>DH OF CORP<br>OCT -9 AM |
| This corporation shall exist perpetually unless dissolved according to Florida law.  | OF STAILS SPORATE                             |
| ARTICLE III - PURPOSE  |   |
| The corporation is organized for the purpose of engaging in any activities or business penitted States and the State of Florida.   | rmitted under the laws of the                 |
| ARTICLE IV - CAPITAL STOCK  The corporation is authorized to issue 500 shares of common stock, par value \$  ARTICLE V - INITIAL PRINCIPAL OFFICE  The street address of the initial principal office and, if different, the mailing address is: | 1.00 per share                                |
| STREET ADDRESS 2090 N. POWERLINE RD.   |   |
| SUITE A  | _   |
| CUTY BOMPANO BEACH FLORIDA   | ZIP 33069                                     |
| Mailing address, if different  |   |
| STREETANDDRESS   |   |
| All to 150 pm Lateria Circuit Services   |   |
| FLORIDA  | ZIP   |
| ARTICLE VI - INITIAL REGISTERED OFFICE AND AG  | ENT   |
| The street address of the initial registered office and the name of the initial regis  | tered agent at the office is                  |
| NAME RICHARD MARTIN  |   |
| ADDRESS 2090 N ROWERLINE RD SUITE A  |   |
| ATTINETURE TO A TO   | ZIP 33069                                     |

| NE) directors initially. The lws, but shall never be less than clows: | one (1). The names and  |
|---|---|
|   |   |
|   |   |
| A   |   |
| STATE FLORIDA   | ZIP 33069   |
|   |   |
|   |   |
| STATE   | ZIP   |
|   |   |
|   |   |
| STATE   | ZIP   |
| articles of Incorporation are as fo                                   | llows:  |
|   |   |
| STATE FLORIDA   | ZIP 33069   |
|   |   |
|   |   |
| STATE   | ZIP   |
|   |   |
|   |   |
| STATE   | ZIP   |
| rticles of Incorporation this _                                       | 23  |
|   |   |
|   | STATE  STATE  STATE  - INCORPORATORS Articles of Incorporation are as fo  STATE FLORIDA  STATE  STATE |

(Signature)

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATE
DIVISION OF CORPORATION

97 OCT -9 AM 10: 07

POWERLINE COLLISION SPECIALIST INC.

(name of corporation)

| Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:             |
|--|
| The above corporation, organized under the laws of the State of Florida with its registered office |
| as indicated in the Articles of Incorporation  |
| at 2090 N. POWERLINE RD. SUITE A   |
| POMPANO BEACH, FLORIDA 33069   |
| has named RICHARD MARTIN   |
| located at the aforesaid 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.

Richard Sept 3, 1997
(Signature) (Date)