CAPITAL CONNECTION, INC.

*417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

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OF

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S & K Linings, Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

S & K Linings, Inc

ARTICLE II PRINCIPAL OFFICE

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

5277 Monroe-Smith Road Jacksonville, Florida 32210

ARTICLE III CAPITAL STOCK

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

One Hundred

ARTICLE IV INITIAL REGISTRATION AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Kevern 9539 103rd Street, Lot 33 Jacksonville, Florida 32210

ARTICLE V INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

Richard Kevern 9539 103rd Street, Lot 33 Jacksonville, Florida 32210 Jonathan Sizemore 5277 Monroe-Smith Road Jacksonville, Florida 32210

The undersigned incorporators have executed these Articles of Incorporation this 11th day of November 1997.

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 and 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.

The name of the corporation is:

S & K Linings, Inc

The name and address of the registered agent and office is:

Richard Kevern 9539 103rd Street, Lot 33 Jacksonville, Fl 32210 SECRETARY OF STALL
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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

Date