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

SUBJECT:	1. PATTERSON Con	ISTRUCTION INC	***************************************
	(Proposed corpo	rate name - must include sul	ffix)
		<u> </u>	300002384049 -12/29/97010181 ******78.75 ******
Enclosed is an original	and one(1) copy of the article	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Gopy & Certificate
		ADDITIONAL CO	PY REQUERED TO
FROM: $2/64$ V . $7\sqrt{19450}$ Name (Printed or typed)			
	4308 OAK MOST	ROAD Address	RECEIVED AND AND AND AND AND AND AND AND AND AN
	Tellehissey flooring	22303 State & Zip	29 M 9

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES'OF INCORPORATION

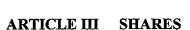
THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: L.V. PATTERSON CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:: 4308 OAKMONT ROAD TALLAHASSEE, FLORIDA 32303



THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS ONE HUNDRED (100) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE:

MARY H. PATTERSON 4308 OAKMONT ROAD TALLAHASSEE, FLORIDA 32303

ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF **INCORPORATION ARE:**

LLOYD V PATTERSON 4308 OAKMONT ROAD TALLAHASSEE, FLORIDA 32303

SIGNATURE/INCORPORATOR

HAVING BEEN NAMED A 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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES 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/REGISTERED AGENT

DATE

97 DEC 29 M D: 16
SECRETARISEE, FLORIBA