P98000005616 (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Tallahassee, FL 32314	3000024032739 -01/16/9801079010
	*****122.50 ****122.50
Re: (Name of	Corporation), Inc.
Gentlemen:	
Enclosed please find the original and one copy of the check in the amount of \$122.50.	Articles of Incorporation, together with my
This represents the cost of the Filing Fees, Certified Registered Agent Designation for the above named of	corporation.
Very tn	AN 16 MILETARY OF THE SEE, OF
	AM II: 59
	(Individual's Name)
	PAT DILO DBA COL BATHINOUS CON
	(Name of Corporation)
	- MAILING ADDRESS OF CORPORATION -
at Dileo GAVE	3315 STRO 441

MAILING ADDRESS OF C	CORPORATION -						
3315 STRD	441						
LAKE Worth	FL. 33414						
PHONE -							
(56/) 79/-827/ Area Code Number	Ext.						

Seminole Form 215: Trans. Letter (0195)

ne 1/20/98

ARTICLE	ES OF INCORPORATION
	of O
<u> </u>	(name of corporation)
	a corporation under the Florida Business Corporation Act, adopt(s)
	CLE I - CORPORATE NAME
The name of the corporation is:	CDI EARTH moving For B
AR	RTICLE II - DURATION
This corporation shall exist perpetually unless di	issolved according to Florida law.
AR	RTICLE III - PURPOSE
The corporation is organized for the purpose of e United States and the State of Florida.	engaging in any activities or business permitted under the laws of the
ARTIC	CLE IV - CAPITAL STOCK
The corporation is authorized to issue	shares of common stock, par value \$ per share.
ARTICLE V The street address of the initial principal office as	and, if different, the mailing address is:
STREET ADDRESS 3315 STRA	0 44/
CITY LAKE Worth	FLORIDA ZIP 33414
Mailing address, if different	
STREET ADDRESS	
CITY	FLORIDA ZIP
ARTICLE VI - INITIA	AL REGISTERED OFFICE AND AGENT
	fice and the name of the initial registered agent at the office is:
NAME BAT DILES	
ADDRESS 3375 STRO	441
CITY / A Ke worth	FLORIDA ZIP 33414

	time by the By-Laws, but shall never be less that reportation are as follows:	
NAME PAT DILES		
ADDRESS 2295 EDI	son ciècle	
CITY POLT ST LUC	ie STATE FL.	ZIP 34953
NAME		
ADDRESS		-
CITY	STATE	ZIP
NAME	-	
ADDRESS	THE THE STREET S	
CITY	STATE	ZIP
The names and addresses of the incorporate	ARTICLE VIII - INCORPORATORS ors signing these Articles of Incorporation are as	
The names and addresses of the incorporate		
NAME PAT DILES	ors signing these Articles of Incorporation are as	
NAME PAT Diles	ors signing these Articles of Incorporation are as	
NAME Par Diles ADDRESS 7295 EDIS	ors signing these Articles of Incorporation are as	
NAME Par Diles ADDRESS 7295 EDIS CITY POMET ST L	ors signing these Articles of Incorporation are as	
NAME PAT DILES ADDRESS 2295 EDIS CITY POVET ST LE NAME	ors signing these Articles of Incorporation are as	
NAME PAT DILES ADDRESS 2295 EDIS CITY POWET ST LE NAME ADDRESS	ors signing these Articles of Incorporation are as SCN CIRCLE STATE H.	ZIP 34553
NAME PAT DILES ADDRESS ZZSS EDIS CITY POVET ST LE NAME ADDRESS CITY	ors signing these Articles of Incorporation are as SCN CIRCLE STATE H.	ZIP 34553

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

98 JAN 16 AM 11:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 .	3315	ST	Ro 41	41	
	LAKE	worth	F2	33414	
ha	s named	PATD	ار الحادث المار الم		:

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.

(Signature)

(Date)