## P98000046250 TRANSMITTAL LETTER

SUBJECT: ALL STATE WATER PRODEING INC.

(Proposed corporate name - must include suffix)

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

3**00002529803---2** -05/20/98--01027--011 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclo for :	sed is an origina	I and one (1) co	py of the articles of	f incorporation	and a check
	\$70.00	× \$78.75	\$122.50	\$131.25	
	Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
			Additional Copy	Required	
	FROM:	<i>DøHn</i> Name	printed or typed)		· · · · · · -
		_505 N	NA CAW LN Address	# 15	98 MAY 2 SECRETAL TALLAHAS
		FETCN Cit	PARK, FL. y, State & Zip	32730	O AM

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

Daytime Telephone number

15 5/22

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALLSTATE WATERPROOFING, INC.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS: 505 MACAW LN #15 FERN PARK, FL. 32730

MAIL: PO BOX 300 993 FERN PARK, FL. 32730

ARTICLE III SHARES

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

ONE THOU SAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN M. COLE LAND SOF MACAW LN #15 FERN PK, FL. 32730. DRI

98 MAY 20 AM IO: 36
SECRETARY OF STATE
TALLAHASSEE ELOBIA

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHN M. COLE 505 MACAW LN #15 FERN PARK, FL 32730

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1.	The name of the corporation is:  ALLSTATE WATER	PROOFING, INC.
2.	The name and address of the registered agent and office is:	
	DOHN M. COCE (NAME)	98 MAY SECRET
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ARY 20
	FERN PARK, EL. 32730 (CITY/STATE/ZIP)	ED AM 10: 37 OF STATE E. FLORIDA

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.