## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8370 • 1-800-342-8062 • Fax (850) 222-1222

SECRETARY OF STATE

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# ARTICLES OF INCORPORATION

JECRETARY OF STATE
LISION OF CORPORATIONS
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#### **OF**

### Troy Webb & Sons Roofing, Inc.

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 is Troy Webb & Sons Roofing, Inc.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 10822 Peter Avenue, Hudson, FL 34667.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Mark Schileben, Esquire., 1423 S. Ft. Harrison Avenue, Clearwater, FL 33756.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Randall Webb, 704 Seneca Street, Largo, FL 33756.

The undersigned has executed these Articles of Incorporation this 14th day of July 1998.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"



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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 corp	oration	is:	Tro	y Webb & Sons	Roofing	g, In	с
									•		-
2.	The	name	and	l street	address	of	the	registered	agent	and	office
is:					MARK S	CHI	EBE	N ESQUIRE			
								RISON AVE.			
					CLEAF	<b>AW</b>	TER,	FL 33756			

HAVE 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.