TRANSMITTAL LETTER

P98000070463

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

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SUBJECT: <u></u>)&D FASTENER	/ NAIN TENAN	ce Supply 1				
	(Proposed corporate name - must include suffix)						
		o: .: 1	1 1 0				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
\$70.00	\$78.75	□\$122.50	□ \$131.25				
Filing Fee		Filing Fee	Filing Fee,				
	& Certificate	& Certified Copy	Certified Copy				
			& Certificate				
		ADDITIONAL COPY REQUIRED					
FROM :	Michael A.	DALFONSO	<u> </u>				
	Name (Printed	or typed)					
	1249 BENT	OAK TRA	<u>i/</u>				
	Addres	SS					
_	AltAnoute City, State	Springs, 1	<u>Cl.</u> 32714				
	City, State	α Lip					
	407 298	9413					

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

Daytime Telephone number

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:	PM 3. 26 PM 3. 26 PF STATE OF STATE
D&D FASTENER/MAINTENANCE	Supply I
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
DXD FASTENER/Maintenance Suppl	y Inc
1249 Bent OAK TRAIL	ud.
Altanonte Springs, Fl. 3271	y
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any	one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR The name and address of the initial registered agent is:	ESS
Michael A. DALFONSO 1249 Bent OAK TRAIL	
1249 Bent OAK TRAIL	7
Altanonte Springs, Fl. 3	ソフノダ

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):

Michael A. DALFONSO
1249 BENT DAK TRAIL
Altanonte Springs, Fl. 32714

$\frac{7^2}{2}$ day of $\frac{49}{2}$, 19 $\frac{98}{2}$	
(An additional article must be added if an effective date is requested.)	
Siehael A. Dalfonso	
Signature	
Signature	_

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Notarization is not required

Signature

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 \(\sum_{\text{8}} \) \(\text{Fastenex} \) \(\sum_{\text{Aintenance}} \)	Supply I
2.	The name and address of the registered agent and office is:	
	Michael A. DALFONSO (NAME)	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	
	Altanonte Springs, Fl. 32714 (CITY/STATE/ZIP)	

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.

Michael A. Dalfonso 8/7/98
(SIGNATURE) (DATE)