P98000096477

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

500002685446--7 -11/12/98--01022--010 ******70.00 ******70.00

SUBJECT:	Southwest Protuff Inc.	
	(proposed corporate name)	
Enclosed is an original for \$_70	ginal and one (1) copy of the articles of incorporation at $-\cdot$	nd our check
and the second s	en e	·
		:
FROM:	Les Gardi CPA	
•	Name (printed or typed) 7061 \(\sum_{am, am, Tr} \)	<u> </u>
-	Sarasota FL 34231	98 NOV
	City, State, & Zip (941) 925-2099	II2 IARY ASSE
	Telephone Number	

Bur 17.98

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

<u>OE</u>

Southwest Protuff Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

Southwest Protuff Inc.



ARTICLE II PRINCIPAL OFFICE

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

2470 Britannia Rd Sarasota FC

ARTICLE III CAPITAL STOCK

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LES GARDI, CPA 7061 S. TAMIAMI TRAIL SARASOTA, FL. 34231-5559 (941) 925-2099

ARTICLE V INCORPORATOR(S)

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

Marian Kostal 2470 Britannia Rd Sarasota FL 34231

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

914 day of November, 19 98.

Marian losses

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

. The name	e of the corporation is:_	Southwe	st P.	otuff I	n c.
. The name	e and address of the reg	istered agent a	LES	is: GARDI, CI L TAMIAMI T I	
	(NA)	ME)	SARASC	OTA, FL. 3423 141) 925-2099	1-5559
	(P.O. BOX <u>NC</u>	OT ACCEPTABL	E)		000 TO
	(CITY/S	STATE/ZIP)		-	AM 9: 06 EE, 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.

SIGNATURE A Saul	·	- -
DATE 11/9/98	<u>, </u>	·

REGISTERED AGENT FILING FEE: \$35.00