

### Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H990000061897)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number ; (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

: (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

BE INSTALLS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |



# ARTICLES OF INCORPORATION OF

BE Installs, Inc.

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

#### **ARTICLE I NAME**

The name of the corporation shall be:

BE Installs, Inc.

The principal place of business of this corporation shall be:

4659 S.W. 72nd Avenue Miami, FL 33155 99 MAR 17 PM 3. C SECRETARY OF STATE TALLAHASSITE, FLORIC

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

Prepared By: Francis M. Switzer
1390 S. pixie Hwy. #1108
Coral Gables, F1 33146
Phone#(305)-663-3566

### ARTICLE III CAPITAL STOCK

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

100 Shares \$1 Par Value

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

Benjamin Eglin 4659 S.W. 72nd Avenue Miami, FL 33155

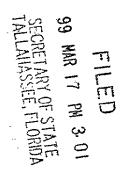
#### ARTICLE VI INCORPORATOR(S)

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

Benjamin Eglin 4659 S.W. 72nd Avenue Miami, FL 33155

| IN WITNESS    | WHEREOF, the unders        | igned incorporat | or(s) has (have)        |
|---------------|----------------------------|------------------|-------------------------|
| executed thes | e Articles of Incorporatio | n this 12th      | day of                  |
| March         | , 1999.                    |                  | -                       |
|               |                            |                  | æ                       |
|               |                            |                  |                         |
|               |                            |                  |                         |
|               |                            |                  |                         |
|               |                            | Signature        | e(s) of Incorporator(s) |
|               |                            | C)en             | er. Calen               |

1. The name of the corporation:



## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

| 2. The name and address of the registered agent and office is:  Benjamin Eglin 4659 S.W. 72nd Avenue  (P.O. BOX NOT ACCEPTABLE)   |
|---|
| (F.O. BOX NOT ACCEPTABLE)   |
| Miami, FL 33155   |
| (CITY/STATE/ZIP)  |
| SIGNATURE Serga Glin  TITLE 968  DATE March 12, 1999  |
| HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE |

PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE

March 12, 1999

H99000006189 7