00051349 TRANSMITTAL LETTER

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

500002892815--3 -06/02/99--01069--008

SUBJECT: _	Modified GROUTS & MORTARS, INC. (Proposed corporate name - must include suffix)
	(Proposed corporate name - must include suffix)
Enclosed is an or	riginal and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 □\$122.50 **2** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED

LEROY B HUCKABEE FROM: Name (Printed or typed)

407- 481- 2214 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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 shall be:

Modified GROUTS & MORTARS, INC.

ARTICLE II PRINCIPAL OFFICE

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

18 NORTH DOLLINS AVE ORLANDO FL. 32805

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LEROY B HUCKABEE

18 NORTH DOLLINS AVE

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

18 NORTH DOLLINS AVE OPLANDO FL 32805

Signature/Incorporator

6-1-99

LEROY B HUCKABEE

Date

(An additional article must be added if an effective date is requested.)

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 of registered agent.

Signature/Registered Agent

6-1-99

Date