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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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JECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE OF INCORPORATION OF

#### J.O. OLVERA PLASTER, INC

The undersigned Incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

J.O OLVERA, PLASTER, INC

#### ARTICLE II PRINCIPAL OFFICE

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

8702 WEST SAMPLE RD # 4 CORAL SPRINGS, FL 33065

#### ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

JUAN OLVERA 8702 WEST SAMPLE RD # 4 CORAL SPRINGS FL 33065

#### ARTICLE V INCORPORATTOR(S)

The name (s) and street address (es) of the incorporator (s) to these Articles of Incorporation is (are) :
JUAN O. OLVERA: 8702 WEST SAMPLE RD CORAL SPRINGS FL 33065
The underndersigned incorporator (s) has (have) executed these Articles of Incorporation on JUNE 15, 1999
JUAN O. OLVERA PRESIDENT
VICE-PRESIDENT
TREASURER

SECRETARY

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501 FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THEE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED AGET, IN THE STATE OF FLORIDA

1. The name of the Corporation is:

J.O OLVERA PLASTER, INC

2. The name and address of the registered agent office:

JUAN OLVERA 8702 WEST SAMPLE RD 3 4 CORAL SPRINGS, FL 33065 1999 JUN 16 AM 10: 45

Having been named as registered agent and to accept service of process for the above stated corporation at designated in this certificate, I hereby accept the appointment as registered agent and agree too act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties and lam familiar with and accept the obligations of my position as registered agent.

<u> Duga Olærg</u> Signature