# P9900063339

May 25, 1999

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

300002928953---2 -07/12/99--01113--014 \*\*\*\*\*122.50 \*\*\*\*\*\*78.75

RE: Sparkman Aluminum Subcontractors, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above name corporation.

Sincerely,

Timothy W. Sparkman

Sparkman Aluminum Subcontractors, Inc.

109 Quailwood Drive

Winter Haven, FL 33880

1999 JUL 12 NH 9: 54

#### ARTICLES OF INCORPORATION

of

SPARKMAN	ALUMINUM	SUBCONTRACTORS,	INC	•	
		(name of corporation)	-		

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME The name of the corporation is: SPARKMAN ALUMINUM SUBCONTRACTORS, INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 109 QUAILWOOD DRIVE CITY WINTER HAVEN **FLORIDA** ZIP 33880 = Mailing address, if different STREET ADDRESS CITY FLORIDA ZIP ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME TIMOTHY W. SPARKMAN ADDRESS 109 QUAILWOOD DRIVE CITY WINTER HAVEN **FLORIDA** ZIP 33880

#### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	TWO	 - <u> </u>	_(2	) directors initially. The	ne number of directors may be
either increased or diminished from	time to tin	ne by the	By-Laws,	but shall never be less tha	n one (1). The names and
addresses of the initial director(s) of	the corpor	ration are	as follows	3 <b>:</b>	and the first state of the stat

NAME	TIMOTHY W. SPARKMAN		_		
ADDRESS	109 QUAILWOOD DRIVE	÷-121	we to	T) SCA	_=
CITY	WINTER HAVEN,		STATE FLORIDA	ZIP	33880
NAME	DAWN M. SPARKMAN	-		. <u>-</u> .	= = =
ADDRESS	109 QUAILWOOD DRIVE				
CITY	WINTER HAVEN	<b>.</b> -	STATE FLORIDA	ZIP	33880
NAME					
ADDRESS					
CITY		-	STATE	ZIP	

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

TIMOTHY W. SPARKMAN		:	
	- <del>1 - 1 - 1</del>		
WINTER HAVEN		CTATE	ZIP 33880
DAWN M. SPARKMAN			. 5
109 QUAILWOOD DRIVE			
WINTER HAVEN		STATE FLORIDA	ZIP 33880
		-	
			<u>ンボール・シェル書 -</u>
		STATE	ZIP
	WINTER HAVEN  DAWN M. SPARKMAN  109 QUAILWOOD DRIVE	109 QUAILWOOD DRIVE WINTER HAVEN DAWN M. SPARKMAN 109 QUAILWOOD DRIVE	109 QUAILWOOD DRIVE  WINTER HAVEN  DAWN M. SPARKMAN  109 QUAILWOOD DRIVE  WINTER HAVEN  STATE FLORIDA

signed incorporator(s) have executed these Articles of Incorporation this 25TH	
MAY, 19_99	_
1:60/9	gnature)
Dawy M. Sparkena (Sig	nature)
(Sig	nature)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED
199 JUL 12 M 9 54
LLAHASSEE FLORIDA

SPARKMAN ALUMINUM SUBCONTRACTORS, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 109 QUAILWOOD DRIVE

WINTER HAVEN, FL 33880

has named TIMOTHY W. SPARKMAN

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)