

P490000 77370

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112  
(Address)

CORAL GABLES, FLORIDA 33134  
(City, State, Zip)

(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

5000003108195--8  
-01/24/00--01102--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL FLORIDA GUTTERS, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
00 JAN 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED  
00 JAN 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Present name)


**FOURTH: Adoption of Amendment(s) (Check one)**

- \_\_\_\_\_ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
- \_\_\_\_\_ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- \_\_\_\_\_ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- X   The amendment(s) was/were approved by the shareholders through a voting group.

{ The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s). }

The number of votes cast for the amendment(s) was/were sufficient for approval by   100%    
(voting group)

Signed this 15<sup>th</sup> day of September 1999.

By:   
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR (A director or incorporator if adopted by the directors of incorporators)

Orestes Campa

\_\_\_\_\_  
(Typed or printed name)

President

\_\_\_\_\_  
(Title)

**FILED**  
00 JAN 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA