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		Office Use On	ly
CORPORATION	NAME(S) & DOCUMENT NU	MBER(S), (if known):	
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EW FILINGS : :	AMENDMENTS	40000:	2971174D
Profit	Amendment	-08/ ***	29711740 26/99-01068-020 **78.00 *****78.00
NonProfit	Resignation of R.A., Officer/Dire	<u>-</u>	7/01/02
Limited Liability	Change of Registered Agent		
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Examiner's Initials

CR2E031(1/95)

9-18-99

This Letter is to anthony Mr Pavid Offer To use the name of my former Corporation SOUTHERN URETHANES, INC. To form a new Corporation Of the Same name,

I have no interest in the new Corporation and shall have no liabilities under the Corporation

Sincerely Davien McDorold

PRYFCO L. LIMINISTROM
S COMMISSION & CC 573722
EXPIRES SEP 21, 2000
BONDEO THRU
ET 12 ATLANTIC BONDING CO., INC.

8-19.99

99 NUG 26 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORID

∢			
ART	ICLES OF INCORPO	ORATION	99 F
SouthE	AN URETHA	WES INC	JALIPETAD
	(name of corporation)		4/45/15 C
The undersigned subscriber(s) to the hereby form a corporation under the		atural person(s) compete	nt to contract,
The name of the corporation is:	ARTICLE I - CORPORATE N SOUTH FUN U ARTICLE II - DURATION	nethanes	inc
This corporation shall exist perpetu			
The corporation is organized for the laws of the United States and the S		_	ited under the
The corporation is authorized to iss of $\frac{1}{1}$ Dollar ($\$/(0)^{2}$) p	ARTICLE IV - CAPITAL STO sue	OCK shares shall be designated "Co	((PD) mmon Shares".
ARTICLE The principle office, if known, or the	V - INITIAL REGISTERED OFF mailing address of the corporat		
NAME DAVID)PPGR	4	
ADDRESS 12265	SDix 18 /	lwy-	
CITY MIAMI	FLORIDA	ZI	P33156
The name and street address of the	Initial Registered Agent of this	Corporation is:	
NAME DAVIDE	SPPER		
ADDRESS 12265	SINDIXIE "	HWU	
CITY MANY	FLORIDA	ZI	P33156
This corporation shall have	to time by the By-Laws, but shall	The number of director never be less than one	s may be either (1). The names
NAME / DUIC	K.V. W.		
ADDRESS 12 265.	- NOSIE	77	101-
CITY MIAMI	STATE +	7 ZIP \$ \$	106
NAME	· · · · · · · · · · · · · · · · · · ·		<u></u>
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NAMETA ALLE AMERICA			<u></u>
ADDRESS			
CITY	STATE	7iP	

Articles of Incorporation

ARTICLE VII - INCORPORATORS

ADDRESS 1/2 ZE	25 S. Dux 16			· · · · · ·
CITY MIAMS	STATE	F/	- ZIP 33.	156
NAME			re utter	<i>=</i> _ :
ADDRESS				
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NAME	<u> </u>	- 44 * _ = -4	** ·	
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				(Seal) (Seal)
2TATE OF EL 2010 4)			
COUNTY OF DADE perfore me, a Notary Public	ss authorized to take acknowledge AUID OFDEK	gements in the Stat	and County set	forth above,
cersonally appeared known to me and know to be acknowledged before me the	authorized to take acknowledge AUIN OF DER e the person(s) who executed at executed the have hereunto affixed my harmally	the foregoing Articles of Incorp	es of Incorporatio poration. state and County a	n, and who

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

99 AUG 26 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

Souther	URE Shawes	inci	€				
	(name of corporation)						
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at							
Miami H	33156						
has named	Opper						
located at the aforesaid address, as its F	Registered Agent to accept s	ervice of process within this state.					

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

Incorporator