PPP 000094561

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

900003024079--1 -10/25/99--01108--012 ******70.00 ******70.00

Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	a check for :		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM	Norris Bold Name (P	rinted or typed)	SECRE	99 OCT 25	
	Ft Walton Bel City,	Address	HASSEE FLORID	25 AH 9: 33	 -

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
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The name of the corporation shall be:

Metal Roofing Products, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Metal Roofing Products, Inc. 646 Anchors St. #2 Ft Walton Bch, FL 32548

ARTICLE III SHARES

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

1,000 (one thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Norris Boldue 47 Cape Brive F+ Walton Bch, FL 32548

ARTICLE V INCORPORATOR

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

Norris Bolduc 47 Cape Drive Ft Walton Bch, Fl 32548

Signature/Incorporator

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 as registered agent

Signature/Registered Agent

Date