TRANSMITTAL LETTER

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

SUBJECT:

MW Fabricators, Inc.

600003028716—7 -10/29/99—01031—001

*****78.75 *****78.75

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

□\$70.00 Filing Fee **≥**\$78.75 Filing Fee

& Certificate

□\$122.50

& Certificate Copy

Filing Fee

□\$133.25

Filing Fee,

Certificate Copy &

Certificate

FROM: Michael Wells 793 SW Byron Street Port St Lucie, FL 34983

561-871-2922

NOTE:

Please provide the original and (1) copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

MW Fabricators, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

c/o Michael Wells 793 SW Byron Street Port St Lucie, FL 34983

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares. The Par Value of each share of stock is \$1.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Edge c/o The Tax Shoppe 932 SW Bayshore Blvd Port St Lucie, FL 34983

ARTICLE V - INCORPORATOR(S)

The name and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael Wells DOB: 08-24-1958 SSN: 267-37-3517 793 SW Byron Street Port St Lucie, FL 34983

ARTICLE VI - SMALL BUSINESS CORPORATION

The corporation e Service Code.	elects to be treate	ed as a small	business	corporation un	der section 1244 (of the Intern	ai Revenue	
The undersigned	incorporator(s) 199 <u>9</u> .	has (have)	executed	these Article	s of Incorporation	n this <u>/&</u>	day of	
		Ulica	h Aul		Nella			

Signature

ARTICLES OF INCORPORATION FILING FEE - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: MW Fabricators, Inc.
- 2. The name and address of the registered agent and office is:

Joseph Edge c/o The Tax Shoppe 932 SW Bayshore Blvd Port St Lucie, FL 34983

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

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