

Division of Corporations

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P99000098263**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 867-8448
Fax Number : (305) 264-0232

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV -8 AM 8:39

FILED**FLORIDA PROFTT CORPORATION OR P.A.****CRANE REPAIR, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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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

The name of the corporation shall be:

CRANE REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

9187 Fontainebleau Blvd. No. 8
Miami, Fl. 33172

ARTICLE III SHARES

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

1,000 Shares \$ 1.00 each par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FANNY LEONOR SOCARRAS,
9187 Fontainebleau Blvd. # 8, Miami, Fl. 33172

ARTICLE V INCORPORATOR

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

FANNY LEONOR SOCARRAS,
9187 Fontainebleau Blvd. # 8, Miami, Fl. 33172
President/Secretary/Treasurer

Fanny Socarras
Signature/Incorporator

11/3/99
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

Fanny Socarras
Signature/Registered Agent

11/3/99
Date

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