TRANSMITTAL LETTER

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

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

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Phyllis K. Lekani DES
Name (Printed or typed)

- 5 TROPICAL DR.
Address

OCEAH RIDSE FL. 33435 City, State & Zip

561. 274. 0510

Daytime Telephone number

T. SMITH JUL 17 1998

NOTE: Please provide the original and one 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:

AIA Construction CLEANING SERVICE Inc.

ARTICLE II PRINCIPAL OFFICE

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

5 TROPICAL DR.
OCEANRIDGE A. 33435

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Phyllis K. Lekanides 5 Tropical DR. OCEAN Rioge 81. 33435

98 JUL 15 PM 1: 20
SECRETARY OF STATE
TALL AHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Phyllis K. Lekanides 5 Tropical Dr. OCEANRIDE Fl. 33435

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of ______ July , 19 98_.

(An additional article must be added if an effective date is requested.)

\ · _ (/ _)

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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: A) if	<u> 4 C</u>	onstruct	ion Cla	<u>eaning</u>	Service The
2.	The name and address of the registered Phyllis K. L. (Na Tropical D. (P.O. Box n. OCEAN RIDGE G. (City/St	E/	WIDES	SECRETARY OF STATE TALLAHASSEE, FLORIDA	98 JUL 15 PM 1: 20	

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.

Phylis 12 Lehanis