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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**E.O.D. GENERAL MAINTENANCE INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION**

**OF**

**E.O.D. GENERAL MAINTENANCE INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be: E.O.D. GENERAL MAINTENANCE INC.

The principal place of business of this corporation shall be:  
7325 NW. 35 ST.  
MIAMI, FL. 33122

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.



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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: \_\_\_\_\_

E.O.D. GENERAL MAINTENANCE INC.

2. The name and address of the registered agent and office

is SARA AGUILAR CASTREJON  
(Name)

8607 NW. 197 ST.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33015

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE

*Sara Aguilar Castrejon*

DATE

7/21/03