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Florida Department of State

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Mold Smart Mold Detection Services Inc.

Certificate of Status	1
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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:

Mold Smart Mold Detection Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mold Smart Mold Detection Services Inc. 11102 Laurel Walk Road Wellington, FL33467 SECREDATE OF STATE

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 at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rocky McElwain 11102 Laurel Walk Road Wellington, FL 33467

Prepared By:
Bruce B, Hubbard
77 East John St.
Hicksville, New York 11801
1-518-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Rocky McElwain - President/Director 11102 Laurel Walk Road Wellington, FL33467

ARTICLES VI INCORPORATOR(S)

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

Rocky McElwain 11102 Laurel Walk Road Wellington, FL 33467

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

8th day of August 2006.

Rocky McElwain - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:	Mold Smart Mold Detection Services Inc.			
2. The name and address of the register	ed agent and office is:	TAT	90	
	Rocky McElwain	L AP	06 AUG	
	Name	78.5	8	
	11102 Laurel Walk Road		**	m
	(P.O. Box or Mail Drop Box NOT Acceptable)		بو	D
	Wellington, FL 33467		57	
	(City / State / Zip)	A	_	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Rocky McElwain

SIGNATURE

August 8, 2006

(Date)