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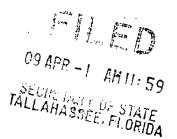
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SECTRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):    Arcia		
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(Corporation Name) (Document #)	CORPORATION NAME(S) & DOCI	UMENT NUMBER(S), (if known):
Corporation Name   Cocument #	1. Arcia F (Corporation Name)	Remodeling, Corp.
Walk in Pick up time 2:06 Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Domestication Other  OTHER FILINGS REGISTRATION/OUALIFICATION Resignation Comparison Comparison Certified Copy Certificate of Status  AMENDMENTS Certified Copy Certificate of Status  AMENDMENTS Certified Copy Certificate of Status  NEW FILINGS Amendment Change of Registered Agent Change of Registered Ag	2. (Corporation Name)	(Document #)
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Walk in Pick up time 2.06 Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Domestication Other Dissolution/Withdrawal Merger  OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Fictitious Name  Examiner's Initials		(Document #)
Mail out   Will wait   Photocopy   Certificate of Status    NEW FILINGS   AMENDMENTS   Profit   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger    OTHER FILINGS   REGISTRATION/QUALIFICATION   Annual Report   Foreign   Limited Partnership   Reinstatement   Trademark   Other    Examiner's Initials	4. (Corporation Name)	(Document #)
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  REGISTRATION/QUALIFICATION  Annual Report Fictitious Name  Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Profit REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials	Walk in Dick up time	2.00 Certified Copy
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Annual Report Fictitious Name  Fictitious Name  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials	Not for Profit Limited Liability Domestication	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Fictitious Name  Limited Partnership  Reinstatement  Trademark  Other  Examiner's Initials	OTHER FILINGS	REGISTRATION/QUALIFICATION
CR2E031/7/97\ Examiner's Initials		Limited Partnership Reinstatement Trademark
	CR2E031/7/07\	Examiner's Initials



#### 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:

Arcia F remodeling, corp.

Article II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

151 W 44 5T Hidlean FL 33012

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Ricardo Arcia 151 W 44 ST Hialeah FL 33012

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Records Arcia

151W 4457 His lesh Fl 33012

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS

31 DAY OF Maych 2009

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Arcords Arcia (Pres.)

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE