MAXWELL TAX & ACCOUNTING, INC.

Financial Planning Income Tax Preparation Small Business Accounting

D0000004178

410 - 43rd St. W., Suite H Bradenton, Florida 34209 941-747-8100 Fax 941-747-9138

January 4, 2000

000003092160--9 -01/07/00--01091--013 ****131.25 *****87.50

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

RE: Incorporation of DIFFERENT STROKES ARTFUL INTERIORS, INC

Dear Sir or Madam:

Please file the enclosed Articles of Incorporation for the above-referenced corporation. I have also enclosed a check in the amount of \$ 131.25 which is for the following:

\$ 35.00 Filing Fee

52.50 Certified Copy of Articles of Incorporation

35.00 Registered Agent

8.75 Certificate of Status

\$131.25 Total

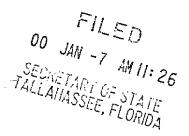
If there are any questions please call me at 914-747-8100. Thank you for your attention to this matter.

Sincerely,

Ronald D. Maxwell, E.A. 410 43rd St W., Ste H

Bradenton, FL 34209

cc: Patricia Underwood Calvin Underwood OD JAN -7 MII: 26
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE



ARTICLES OF INCORPORATION

OF

DIFFERENT STROKES ARTFUL INTERIORS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

NAME

The name of the corporation is DIFFERENT STROKES ARTFUL INTERIORS, INC.

ARTICLE TWO

DURATION

The term of the existence of the corporation is perpetual.

ARTICLE THREE

PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE FOUR

CAPITAL STOCK

The aggregate number of shares that the corporation has authority to issue is One Hundred (100), all of which will be common shares with par value of One Dollar (\$1.00) per share.

ARTICLE FIVE

REGISTERED OFFICE - PRINCIPAL OFFICE

The street address of the initial registered office of the corporation is 22 N Lemon Ave Sarasota, FL 34236.

The address of the principal office is 22 N Lemon Ave Sarasota, FL 34236. The name of the initial registered agent at that address is Patricia M Underwood.

ARTICLE SIX

DIRECTORS

The initial board of directors of the corporation shall consist of two (2) members.

The name and address of the first board of directors are:

NAME	ADDRESS						
Patricia M Underwood President/Secretary	326 Hernando Ave Sarasota, FL 34243						
Calvin C Underwood Vice President/Treasurer	326 Hernando Ave						

ARTICLE SEVEN

INCORPORATORS

The names and addresses of the incorporators are:

NAME ADDRESS

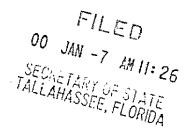
Patricia M Underwood 326 Hernando Ave

Sarasota, FL 34243

Calvin C Underwood 326 Hernando Ave Sarasota, FL 34243

IN WITNESS WHEREOF, I have subscribed my name this						
FOURTH day of JANUARY, 2000.						
Patricial Alfalerwood (ali C.) Sem						
Patricia M. Underwood, Calvin C. Underwood, Incorporator Incorporator						
STATE OF FLORIDA)						
COUNTY OF MANATEE)						
on this H day of JAWUAPY, 2000, before me, the						
undersigned officers, personally appeared Patricia Underwood						
and Calvin Underwood known to me to be the person whose name						
subscribed to the instrument within, and acknowledged they						
executed the same for the purposes contained therein.						
IN WITNESS WHEREOF, I hereunto set my hand and official						
seal Commission States						
Notary Public 07 State of Florida at Large						

My commission expires:



CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statues, 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.

The	name	of	the	e co	orpo	pratic	n i	is:							
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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 AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Satrice Maderwood
(registered agent) DATE (.4.0)