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

SUBJECT:	UNIVERSAL LAND CLE (Proposed corporate n	EARING & GRAD ame-must include suff	ING CONTRAIX)	ACTORS IN SEE, P	
Enclosed is an origina	al and one(1) copy of the arrticle	s of incorporation and	a check for.	STATE	2 8
⊠\$ 70.00 Filing Fee	S 78.75 Filing Fee & Certificate of Status	\$ 78.75 Filing Fee & Certified Copy ADDITIONAL COF	& Certificate of Status		
FROM	VISHWANATH RAMDASS Name (Printed or typed)		8	00003302 -06/23/000 ******70.00	858—2)1066—006 *****70,00
	8133 ST. ANDREWS CIRCLE Address ORLANDO, FL 32835				
	City, State	& Zip 2-3630			
	Daytime Telephone number				

NOTE Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATON

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles Of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

UNIVERSAL LAND CLEARING & GRADING CONTRACTORS INC.

ARTICLE 11 PRINCIPAL OFFICE

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

413 TRANQUILLE OAK DR. OCOEE, FL 34761

ARTICLE 111 SHARES

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

500,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

VISHWANATH RAMDASS 8133 ST. ANDREWS CIRCLE ORLANDO, FL 32835

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

VISHWANATH RAMDASS 8133 ST. ANDREWS CIRCLE

ORLANDO, FL 32835

Signature/Incorporator

DATE

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place design 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 abligations of my position as registered agent.

Signature/Registered Agent

DATE

SECRETARY OF STATE TAIL AHASSEE, FLORIDA