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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

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.

ALL FLORIDA HOME SERVICES CORPORATION

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 8, 2000

FAS-T

SUBJECT: ALL FLORIDA HOME SERVICES CORPORATION
REF: W00000028891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME OF CORPORATION IS NOT ON THE CERTIFICATE OF DESIGNATION PAGE.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H00000064071
Letter Number: 100A00062144

ARTICLE OF INCORPORATION

OF

ALL FLORIDA HOME SERVICES CORPORATION

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: ALL FLORIDA HOME SERVICES CORPORATION

The principal place of business of this corporation shall be:

14270 SW. 36 ST.
Miami, FL 33175

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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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ARMANDO PORTO
14270 SW. 36 ST.
MIAMI, FL. 33175

DIRECTOR

RAUL SUEN MAVES
4421 NW. 175 ST.
MIAMI, FL. 33055

DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

ARMANDO PORTO
14270 SW. 36 ST.
MIAMI, FL. 33175

PRESIDENT (50 shares)

RAUL SUEN MAVES
4421 NW. 175 ST.
MIAMI, FL. 33055

SECRETARY & TREASURER (50 shares)

The undersigned has(have) executed these Article of Incorporation this 7 th. day of December, ~~888~~ 2000.

Armando Porto
Signature/Title

Raul Suen Maves
Signature/Title

Signature/Title

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:

ALL FLORIDA HOME SERVICES CORPORATION

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

is ARMANDO PORTO

(Name)

14270 SW. 36 ST.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33175

(CITY/STATE/ZIP)

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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 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

Armando Porto

DATE 12-07-2000