POIDDO 334/5 TRANSMITTAL LETTER

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

500**05**2872-61745₀₂₄5 ****131.25 *****87.50

| for: [] \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | \$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required | | |
|------------------------------|----------------------------------|--|--|-------|
| FROM: | Lupe | 01 MAR 28 SECRETARY TALLAHASSE | -11 | |
| · | | Address Coral, Fl. 33990 | 28 AMII: 49 ARY OF STATE SSEE, FLORIDA | FILED |
| | (941) | City, State & Zip 574 - 4897 ne Telephone number | IDA 9 | |

(Proposed corporate name - must include suffix)

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

ARTICLE I

OIMAR 28 AMII: 49

ABLEHAND SERVICES INCORPORATED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II

601 S.E. 21 LANE CAPE CORAL, FL 33990

ARTICLE III

THE NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1,000.

ARTICLE IV

REGISTERED AGENT IS: LUPE (ELSA) M. CAMARGO 601 S.E. 21 LANE CAPE CORAL, FL 33990

ARTICLE V

INCORPORATORS: LUPE (ELSA) M. CAMARGO 601 S.E. 21 LANE CAPE CORAL, FL 33990

GEORGE A. CAMARGO 601 S.E. 21 LANE CAPE CORAL, FL 33990

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 21st DAY OF MARCH, 2001

SIGNATURE

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: | Ablehand Services I | ncorporated |
|------------------------------------|---|---|
| 2. The name and address of the re | gistered agent and office is: | OI A SEC TALL |
| Rupe M. Camargo | | FILED 01 MAR 28 AM : 49 SECRETARY OF STATE ALLAHASSEE, FLORID |
| (P.O. | 21ST Lane Box or Mail Drop Box NOT ACCEPTABLE) | AMII: 49 OF STATE E, FLORIDA |
| Cape a | OROL, FL. 33990 (CITY/STATE/ZIP) | _ |

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

Augusture) 03/10/01
(SIGNATURE) (DATE)