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SECRETARY OF STATE TALLAHASSEE FLORIDA

Department of State Division of Corporation PO Box 6327 Tallahasse, Fl 32314

Subject:

TOP HOME, INC

(Proposed corporate names - must include suffix)

100004045641--9 -04/24/01--01014--010

******78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

£ \$70.00 Filing Fee f \$78.75 Filing Fee & Certificate of Status f \$78.75 f \$87.50 Filing Fee Filing Fee & Certified Copy & Copy Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MIGUEL VENTURA

319 LUCILLE WAY

Address

ORLANDO, FL 32835

City, State & Zip

407-247-2100

. Daytime Tilephone number

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

D. WHITE APR 2 5 2001 2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TOP HOME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 66 East Main Street Apopka, FL 32703

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares of common stock, No par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Miguel Ventura 319 Lucille Way Orlando, FL 32835

ARTICLE V INCORPORATOR

The name and address the incorporator to this Articles of Incorporation are: Miguel Ventura D\P 319 Lucille Way Orlando, FL 32835

SIGNATURE\ INCORPORATOR

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CRETARY OF STATE

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.

SIGNATURE \ REGISTERED AGENT

Date