POLOGOOY 7666

Department of State Division of Corporations

| P. O. Box 6327 Tallahassee, FL 32314 | original | creation. | s,Inc. | |
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| SUBJECT: | (PROPOSED CORPORAT | | | |
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| Enclosed is an original | and one(1) copy of the distort | 20 OX INCORPORA | 1 | |
| \$70.00 | □ \$78.75 | ☑ \$78.75 | № \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| _ | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of | |
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| FROM: | WILLIAM A. Name (P. | HERKLOTZrinted or typed) | | · • |
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NOTE: Please provide the original and one copy of the articles.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 10, 2001

WILLIAM A. HERKLOTZ 555 S.E. ESSEX DR. PORT ST. LUCIE, FL 34984

SUBJECT: HOME IMPROVEMENTS PLUS, INC.

Ref. Number: W01000020954

We have received your document for HOME IMPROVEMENTS PLUS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist New Filing Section

Letter Number: 801A00050710

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: ORIGINAL CREATIONS INC. PRINCIPAL OFFICE ARTICLE II 555 SE. ESSEX DR. PORT ST. WCIE, FL. 34984 The principal place of business/mailing address is: **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: FOR THE PURPOSE OF SERVING POBLIC WITHIN THE STATUTES OF THE STATE OF FLORIDA ARTICLE IV SHARES The number of shares of stock is: NONE ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: WILLIAM A. HERKLOTZ 555 SE ESSEN DR PSL FL 34984 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: WILLIAM A. HERKLOTZ 555 SE ESSEX DR PSL FL 34984 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

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