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TRANSMITTAL LETTER

FILED  
02 JAN 25 PM 12:26  
TALLAHASSEE, FLORIDA

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

SUBJECT: Treasure Coast Insurance Services, Inc.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 78.75

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-01/25/02--01046--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM:

KPS  
Name (printed or typed)  
4290 10<sup>th</sup> Avenue North #103  
Address  
Lake Worth, FL 33461  
City, State, & Zip  
(561) 434-9111  
Telephone Number

Note: Please provide the original and one copy of the Articles.

01/31

**ARTICLES OF INCORPORATION**  
**OF**  
**TREASURE COAST INSURANCE SERVICES, INC.**

FILED  
02 JAN 25 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation:**

**ARTICLE I**

The name of this Corporation shall be **TREASURE COAST INSURANCE SERVICES, INC.**

**ARTICLE II**

**DURATION**

This Corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

**ARTICLE III**

**GENERAL NATURE OF BUSINESS**

This corporation may engage in any activity of business permitted under the laws of the State of Florida; said corporation's primary purpose shall be to be in the field of janitorial services, handyman services, emergency aid services for flooding and fire damages as well as restoration.

**ARTICLE IV**  
**CAPITAL STOCK**

This Corporation is authorized to issue 1000 shares of \$1.00 par value common stock, as follows: 50% of the shares to President and 50% to the Vice-President.

**ARTICLE V**  
**PRINCIPAL PLACE OF BUSINESS**

The principal place of business of this Corporation is: 2669 Forest Hill Boulevard # 226 West Palm Beach, Fl. 33406 with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE VI**  
**OFFICERS AND DIRECTORS**

The names and post office address of the initial officers and directors who shall hold office for the first year of the corporation's existence or until their successors are elected are:

Luis Mauricio Aristizabal (President) P.O Box 20435, West Palm Beach, Fl. 33406  
**Consuelo Nieto (Vice-President)** 1695 Woods Bend Road, West Palm Beach, Fl. 33406

**ARTICLE VII  
INCORPORATOR**

The name and address of the person signing these Articles is:

**Luis Mauricio Aristizabal**  
P.O Box 20435  
West Palm Beach, Fl. 33406

**ARTICLE VIII  
REGISTERED OFFICE AND REGISTERED AGENT**

The name of the registered agent and the street address of the initial registered office of this Corporation is:

**Consuelo Nieto**  
**1695 Woods Bend Road**  
**West Palm Beach, Fl. 33406**

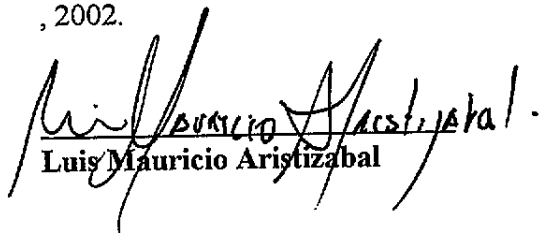
**ARTICLE IX  
BY-LAWS**

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and shareholders.

**ARTICLE X  
AMENDMENTS**

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned, being the original incorporator to the Articles of Incorporation herein, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, this     day of     , 2002.

  
Luis Mauricio Aristizabal

STATE OF FLORIDA             )

COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Luis Mauricio Aristizabal Who after being first duly sworn, deposes and states, that she signed the foregoing Articles of Incorporation for the purposes stated therein expressed.

WITNESS my hand and official seal at the State and County aforesaid, this 22<sup>nd</sup> day of January, 2002.

  
NOTARY PUBLIC

My commission expires:



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT /REGISTERED OFFICE

FILED  
02 JAN 25 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 designation the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **TREASURE COAST INSURANCE SERVICES, INC.**
2. The name and address of the registered agent and office is:

**CONSUELO NIETO**  
**1695 Woods Bend Road**  
**West Palm Beach, Fl. 33406**

I HAVE 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.

  
\_\_\_\_\_  
Consuelo Nieto / REGISTERED AGENT