Division of Corportions
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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 02 APR 11 AM 9: 0 SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

LENNOX PLASTERING AND REMODELING INC.

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ARTICLES OF INCORPORATION

LENNOX PLASTERING AND REMODELING INC.

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:

LENNOX PLASTERING AND REMODELING INC.

The principal place of business of this corporation shall be: 3401 ISLAND DRIVE MIRAMAR, PL 33023

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 States, 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 value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

LENNOX A. BROWN 3401 ISLAND DRIVE MIRAMAR, FL 33023 02 APR 11 AN 9: 01
SECRETARY OF STATE
TALL MASSEF FLORIDA

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

LENNOX A. BROWN 3401 ISLAND DRIVE MIRAMAR, FL 33023

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, ith day of APRIL 2002

Signature(s) of Incorporator(s)

X Longa A BROWN

4.11.07

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 corporati | on: | | | | | | |
| LENNOX PLASTERING AND REMODELING INC. | | | | | | | |
| 2. The name and address of office is: | the registered agent and | | | | | | |
| LENNOX A. BROWN 34 | 401 ISLAND DRIVE | | | | | | |
| · · · · · · · · · · · · · · · · · · · | T ACCEPTABLE) | | | | | | |
| M3 | IRAMAR, FL | | | | | | |
| (CITY/S | SIGNATURE SEER FLORIDA TITLE DATE 4:11.07 | | | | | | |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

| SIGNA | TURE | Lenva A | 2 BRO | |
|-------|------|---------|-------|---|
| DATE | | 4-11-02 | | • |