TRANSMITTAL LETTER

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FILED SECRETARY OF STATE TALL AHASSEE, FLORIDA

02 JUL 12 AM 11: 13

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

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Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation at	nd a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Eiling Fee, Certified Copy & Certificate of Status
FROM: 1 RACY A. Both Name (Printed or typed) 2626 N. SAN MATEO DR.			
	North Port	Addicess	4286
	(248) 361-0547 Daytime Telephone number		

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

Jac Hon



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 20, 2002

TRACY A BOTT 2626 N SAN MATEO DR NORTH PORT, FL 34286

SUBJECT: ADVANCED INTERGRATED SERVICES, INC.

Ref. Number: W02000018100

We have received your document for ADVANCED INTERGRATED SERVICES, 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6915.

Janice Love-Washington Document Specialist New Filing Section

Letter Number: 102A00040068

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I Advanced Implementation Services The name of the corporation shall be: INTEGRATED SERVICES, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2626 N. SAN MATEO DR North Port, FL 34286 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Construction MANAGEMENT AND DESIGN & Build SERVICES ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): TRACY Anne Bott 2626 N. SAN MATED DR. North Port F1 34286 REGISTERED AGENT The name and Florida street address of the registered agent is: KARIN E Bott 2626 N. SAN MATEO DR. North Port. FL 34286 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: TRACY Anna Bott 2026 N. SAN Mateo DR.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Régistered Agent Karin E. Bott

6/15/62 Date

Signature/Incorporator

North Poet FL 34286

TRACY A BOTT

6/0 | 0 Date