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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone: (305)634-3694

Fax Number: (305)633-9696

# FLORIDA PROFIT CORPORATION OR P.A.

PROFESSIONAL SPRAY SYSTEMS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

9/25/02 11:00 Al

DB 9/26

4) HO2000203376

## ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: PROFESSIONAL SPRAY SYSTEMS, CORP.

ARTICLE 11 PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3605 W. 1 AVENUE HIALEAH, FL. 33012

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

GASTON GIL, 3605 W. IST AVENUE, HIALEAH, FL. 33012

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/305-227-0378

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## ARTICLE V INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

GASTON GIL – PRESIDENT/SECRETARY/TREASURER 3605 W. 1ST AVENUE HIALEAH, FL. 33012

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE EXECUTION THIS DAY OFDAY OF	ED THESE ARTICLES OF 2002.
Marton Mil	
Signature	
Signature	

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/305-227-0378

# HO2000 203376

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501 OR 617,0501, 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.

. The name of the corporation is: PRO	DFESSIONAL SPRAY ST	STEMS, CORT.	
2. The name and address of the register	ed agent and office is:		
(Name) 3605 W. IST AVE HIALEAH, FL. 33012 (City/State/Zip)			

Having been named as registered agent and to accept service of process for the above stated corporation of 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

Date

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/305-227-0378

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