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TALLAHASSEE FLORIDA.

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CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FUNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark

Other

Examiner's Initials

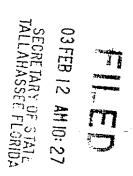
ARTICLES OF INCORPORATION

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:

A.S.C. GROUP, INC.



ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5329 SW 38 AVE HOLLYWOOD, FL 33312

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES AT \$1.00 PER VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMAR SALMAN 5329 SW 38 AVE HOLLYWOOD, FL 33312

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

AMAR SALMAN 5329 SW 38 AVE HOLLYWOOD, FL 33312

The undersigned incorpo FEBRUARY	ator has executed these Articles of incorporation this <u>10 o</u> , 20 <u>03</u> .	lay of
	A	
	Signature AMAR SALMAN	•

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

PRESIDENT VICE-PRESIDENT TREASURER SECRETARY

AMAR SALMAN 5329 SW 38 AVE HOLLYWOOD, FL 33312

100 %

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 AMAR SALMAN

03 FEB 12 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Witness my hand and official seal at Hialeah, Dade county, Florida, this <u>10</u> days of <u>FEBRUARY</u>, 2003.

Notary Public, State of Florida

My Commission Expires:

