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CORPORATION NAME(s) & 1	DOCUMENT NUMI	BER(S) (if known):	
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NEW FILINGS	AMENDMI	nts	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger	<u> </u>	
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OTHER FILINGS	REGISTRATIO QUALIFICATIO		
Annual Report	Foreign	Story Property	
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ARTICLES OF INCORPORATION

The undersigned incorporate (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:

FOAMWORKS SPECIALISTS, CORP.

03 SEP -8 PM 12: 4: SECRETARY OF STAT TALLAHASSEE, FLOR

ARTICLE II - PRINCIPAL OFFICE

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

8660 TAFT STREET PEMBROKE PINES, FL 33024

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:

MARTHA REANO 8660 TAFT STREET PEMBROKE PINES, FL 33024

ARTICLE V - INCORPORATOR

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

MARTHA REANO 8660 TAFT STREET PEMBROKE PINES, FL 33024

The undersigned incorporator has executed these Articles of incorporation this 5 day of <u>SEPTEMBER</u>. 2003

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Signature

MARTHA REANO

ARTICLE VI - DIRECTOR (S)

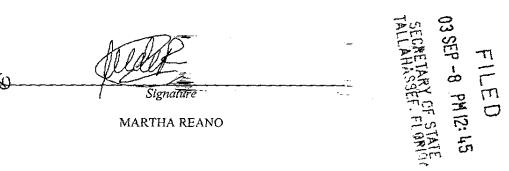
The name(s) and street address (s) of the director(s) to these Articles of Incorporation is (are):

PRESIDENT VICE-PRESIDENT TREASURER SECRETARY MARTHA REANO 8660 TAFT STREET PEMBROKE PINES, FL 33024

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.



Witness my hand and official seal at Hialeah, Dade county, Florida, this <u>5</u> days of <u>SEPTEMBER</u> 2003.



My Commission Expires:

