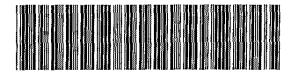
## 803000116572

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Z	p/Phone #)	
PICK-UP W	/AIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Off	cer:	





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## TRANSMITTAL LETTER

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

SUBJECT:	> pecialty Main (Proposed con	tenance, Companionale must include su	ilix)
	-		
Enclosed is an original an	d one(1) copy of the artic	les of incorporation and a	check for :
CI \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	CI\$122.50 Filing Fee & Certified Copy	**131,25 Filing Fee, Certified Copy & Certificate
*		ADDITIONAL CO	PY REQUIRED
FROM:	Jerry Giano Name	v + so s (Printed or typed)	
		t Lucie Lane	,
•		Address	·
		F L 34990 y, State & Zip	
	112 - 22	• •	
-		Telephone number	

## ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
SPECIALTY MAINTENANCE COMPANY

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:
4042 SW ST LUCIE LANE
PALM CITY, FL 34990

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS: THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
JERRY GIANOUTSOS
4042 SW ST LUCIE LANE
PALM CITY, FL 34990

ARTICLE V
NAME OF INCORPORATOR
THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
JERRY GIANOUTSOS
4042 SW ST LUCIE LANE
PALM CITY, FL 34990

SIGNATURE/INCORPORATOR DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT

AS REGISTERED AGENT 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 / REGISTERED AGENT

DATE