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03 OCT 30 PM 4:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 24, 2003

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

SUBJECT: ABSOLUTE A/C & APPLIANCE REPAIR INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee..

From:

Daniel Osborne
2511 Statler Avenue
Spring Hill, Fl 34609
352-688-9436

**ARTICLES OF INCORPORATION
OF
ABSOLUTE A/C & APPLIANCE REPAIR INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:
ABSOLUTE A/C & APPLIANCE REPAIR INC.

ARTICLE II PRINCIPAL OFFICE

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

2511 STATLER AVENUE
SPRING HILL, FLORIDA 34609

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A
PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

DANIEL OSBORNE
2511 STATLER AVENUE
SPRING HILL, FL 34609

ARTICLE V INCORPORATOR

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

DANIEL OSBORNE
2511 STATLER AVENUE
SPRING HILL, FL 34609

ARTICLE VI OFFICERS & DIRECTORS

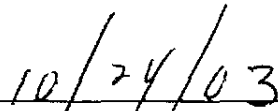
The name of the initial officer and director of the corporation are:

DANIEL OSBORNE
2511 STATLER AVENUE
SPRING HILL, FLORIDA 34609

PRES./ DIR./TREAS./SEC



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 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/ Registered Agent



Date

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TALLAHASSEE FLORIDA