Dec. 1. 2003 1:42PM Division of Corporation

P03000/42385

Florida Department of State

Division of Corporations Public Access System No.0396 P. 1

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SECRETARY OF STATE

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number: 119990000058
Phone : (954)753-6042
Fax Number : (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

SERVPRO OF SOUTH MIAMI BEACH, INC.

Certificate of Status	1
Certificd Copy	0
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SECRETARY OF STATE

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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be: Servpro Of South Miami Beach, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

5731 SW 23d Street HOLLYWOOD, FLORIDA 33023

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H030003246133

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ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Lawrence Coken

5731 SW 3374 Street

HOLLYWOOD, FLORIDA 33023

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Lawrence Coken

5731 SW 234 Street

Hollywood, florida

33023

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The undersigned has executed these Articles of Incorporation. This $25^{\rm th}$ day of November.

Bignature: 11/25

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: Servpro Of South Miami Beach, Inc.
- 2. The name and address of the registered agent

Lawrence Coken
5731 SW 339 Street
HOLLYW.000, FLORION 33023

Signature:

Date: 11/25

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SECRETARY OF STATE TALLAHASSEF FLORIDA

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Dates

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