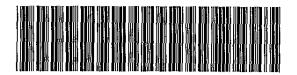
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| Special Instructions to Filing Officer: |
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03 DEC 12 PM 12: 33 SECRETARY STATES TALLAMASSET FOR ADDITION

TRANSMITTAL LETTER

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

| | Versal A Proposed corporate | ic Care Se name - must include su | rvices In | c. |
|---|---|---|---|-------|
| inclosed is an original or: \$70.00 Filing Fee | and one (1) cop \$78.75 Filing Fee & Certificate | y of the articles of \$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy | check |
| FROM: | · Jos · Name | E ĈUEVES (printed or typed) | & Certificate | |
| | w; _n . | Addiovs | Dr. 71 33884 | |
| | 863 | - 411 - 1207 | • | |

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION 03 DEC 12 PM 12: 33

SECRETARY OF STATE FALLAHASSEE FLORIDA

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 | NAME

The name of the corporation shall be:

UNIVERSAL AIR CARE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

131 Belmont Dr. Winter Haven, 71 33884

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE CUEVES 131 Belmont Dr - Winter Haven, 71 33884

ARTICLE V INCORPORATOR(S)

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

JOSE CUEVAS
131 Belmont Dr
Winter Haven, 71 33884

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9 day of Accenture

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The nam | ne of the corporation is | : Universal Ai | r Care | Services | Tn |
|---|--|--|--|---|---------|
| | | | <u> </u> | | |
| 2. The nam | ne and address of the r | egisterēd agent and offi | ce is: | | |
| | <u>Jose</u> | Cuevas (Name) | | | · |
| | 131 Be | .O. Box not acceptable) | | | pre see |
| | Winter | Haven 71 (City/State/Zip) | <u> 33884</u> | . | |
| Having bee above state the appoint to comply w mance of m as registere | ed corporation at the pl ment as registered age with the provisions of all my duties, and I am family | ayent and to accept se ace designated in this c ent and agree to act in the Istatutes relating to the liar with and accept the | ervice of proc certificate, I h is capacity. e proper and c obligations of | ess for the vereby accept I further agree complete perfo of my position | or- |
| | (Signature) | | 12-9-0 (Date) | O3 DEC 12 PM | |