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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LEZCANO HANDYMAN'S SER., INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

FROM: LEZCANO H ANDYMAN'S SER., INC.
(Printed or typed)

6417 N. Lois
Address

Tampa, Fl 33614
City, State & Zip

(813) 417-4342
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LEZCANO HANDYMAN'S SER., INC.

ARTICLE II PRINCIPAL OFFICE

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

**6417 N. LOIS
Tampa, FL 33614**

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

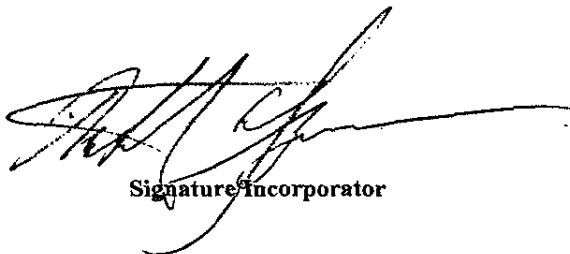
The name and florida street address of the initial registered agent are:

**NELSON CAPORICE
C/O ALBANO & ASSOCIATES
1506 E. MARTIN L. KING BLVD.
TAMPA, FL 33610
(813)247-2060**

ARTICLE V INCORPORATOR

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

**MICHAEL LEZCANO
6417 N. LOIS AVENUE
Tampa, FL 33614
(813) 417-4342**



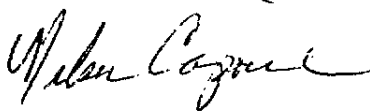
Signature/Incorporator

January 22, 2004

Date

(An additional article must be added if an effective date is requested.)

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

January 22, 2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA