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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**GARRET BRO DRYWALL SERVICE INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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2-5-04

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Garrett BRO DRYWALL Service INC*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*Office 6994 Mediterranean Rd.  
Orlando FL 32822*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To do buisness as a INC CO.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

*Shelby Garrett 6985 Mediterranean Rd. Orlando FL 32822*

*Charles Garrett 6994 Mediterranean Rd Orlando FL 32822*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Shelby Garrett 6985 Mediterranean Rd. Orlando FL 32822*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Shelby Garrett 6985 Mediterranean Rd. Orlando FL*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Shelby E. Garrett*  
\_\_\_\_\_  
Signature/Registered Agent

*1/29/04*  
\_\_\_\_\_  
Date

*Shelby E. Garrett*  
\_\_\_\_\_  
Signature/Incorporator

*1/29/04*  
\_\_\_\_\_  
Date