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TRANSMITTAL LETTER

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

NOTE:

SUBJECT:	CCS Restoration, Inc., (Proposed Corporate Name – must include suffix)
Enclosed is an \$70.00 Filing F	
FROM:	Nicholas J. Rizzo & Associates, Inc. 851 East Highway 434, Suite 206 Longwood, FL 32750 (407) 767-6588

Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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.

SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

CCS Restoration, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Name:

CCS Restoration, Inc.

Address:

200 N. Laurel Avenue

City/State:

Sanford, Florida 32771

ARTICLE III SHARES

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

10,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leslie Stevens 200 N. Laurel Avenue Sanford, Florida 32771

ARTICLE V INCORPORATOR(S)

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

Name:

Leslie Stevens

Street:

200 N. Laurel Avenue

City:

Sanford, Florida 32771

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

This 30th day of January, 2004.

Signature

Articles of Incorporation

Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION 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 name of the corporation is: CCS Restoration, Inc.
- 2. The name and address of the registered agent and office is:

i eslie Stevens

200 N. Laurel Avenue

Sanford, Florida 32771

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 statues 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.

Jarus Sturas (SIGNATURE)

//30/04/ (DATE)