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To:

Division of Corporations

Fax Number

: (850)205-0381

From z

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

: (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

GRAHAM'S PROPERTY MAINTENANCE, INC.

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Capital Connection, Inc.

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ARTICLES OF INCORPORATION SECRETARY OF STAR 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 I: NAME

The name of the corporation is GRAHAM'S PROPERTY MAINTENANCE, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation 21531 Woodstock Lane, Lutz, Florida 33549.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jennifer B. Dicciduc, 702 S. Broad Street, Brooksville, Florida 34601.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of Initial director of the corporation is Mark Graham, 21531 Woodstock Lane, Lutz, Florida 33549.

The undersigned has executed these Articles of Incorporation this 12th day of February 2004. "Capital Connection, Inc. by, Leilani White, Client Representative"

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501. Florida Statutes, the mentioned 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.

	registered agent, in the state or operation is: <u>Graha</u>		mainte	in cocky. Inc
			<u> </u>	
2. The name and str	cet address of the registere	d agent and office is:		,
Jennifer	B Discidure	702 S Broa	d St B	rocksville,
Florida	3460			
PROCESS FOR TI THIS CERTIFICA AND AGREE TO PROVISIONS OF PERFORMANCE	MED AS REGISTERED A HE ABOVE STATED CO. TE, I HEREBY ACCEPT ACT IN THIS CAPACITY ALL STATUTES RELAT OF MY DUTIES, AND I H MY POSITION AS REA	RPORATION AT THE THE APPOINTMEN Y. I FURTHER AGRE TING TO THE PROPE AM FAMILIAR WIT	E PLACE DES T AS REGISTE E TO COMPL ER AND COME	IGNATED IN PRED AGENT Y WITH THE PLETE
	•	June	BOLL	chie
			TALLAHASSE	TO FEB /