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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

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

SUBJECT: A.Ur	ndergrouned Specialist, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	/illiam Jackson		- .	
	Name	e (Printed or typed)		
		Address		
	Port Saint Lucie Florida 34953			
	City	. State & Zip		
	772-260-7556	Talanhona number		
Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 8, 2004

WILLIAM JACKSON 1842 SW LEAFY RD. PORT SAINT LUCIE, FL 34958

SUBJECT: A. UNDERGROUND SPECIALIST, INC.

Ref. Number: W04000022104

We have received your document for A. UNDERGROUND SPECIALIST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Dons Brown Document Specialist New Filings Section

Letter Number: 604A00038993

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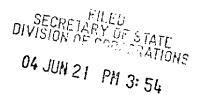
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

U.G. SPECIALIST, INC



PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 1842 LEAFY RD PORT SAINT LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BE STREET TRUSING BERTICES

TO Offer specialized services to General contractors

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM JACKSON

1842 LEAFY RD

PORT SAINT LUCIE, FL 34953 PRESIDENT

WILLIAM JACKSON 1842 LEAFY RD

PORT SAINT LUCIE, FL 34953

SECRETARY

WILLIAM JACKSON 1842 LEAFY RD

PORT SAINT LUCIE, FL 34953

TREASURER

REGISTERED AGENT

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

WILLIAM JACKSON 1842 LEAFY RD PORT SAINT LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WILLIAM JACKSON 1842 LEAFY RD PORT SAINT LUCIE, FL 34953

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 6/16/04 Date Signature/Registered Agent William Jack Signature/Incorporator