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FLORIDA PROFIT CORPORATION OR P.A.

Perfect A Scape Inc.

Certificate of Status	1	
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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.

ARTICLE I NAME

The name of the corporation shall be:

Perfect A Scape Inc.

ARTICLE II PRINCIPAL OFFICE

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

Perfect A Scape Inc.

2970 Grande Oaks Way Green Cove Springs, FL 32043

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Robinson 2970 Grande Oaks Way Green Cove Springs, FL 32043

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940



ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

David Robinson- 2970 Grande Oaks Way, Green Cove Springs, FL 32043- President Brenda Robinson- 2970 Grande Oaks Way, Green Cove Springs, FL 32043- Vice President

ARTICLES VI INCORPORATOR(S)

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

David Robinson- 2970 Grande Oaks Way, Green Cove Springs, FL 32043 Brenda Robinson- 2970 Grande Oaks Way, Green Cove Springs, FL 32043

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

24th day of August 2004.

David Robinson - Signature

Brenda Robinson - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Perfect A Scape Inc.			
2. The name and address of the regis	tered agent and office is:	ent of the original o	2004 NOG	1
	David Robinson		25	. M
	Natité			
	2970 Grande Oaks Way,	•27	ैं. •	
	(P.O. Box or Mail Drop Box NOT A	cceptzble)		
	Green Cove Springs, FL 3	2043		
	(City / State / Zip)			

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

David Robinson (Date)
SIGNATURE