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### FLORIDA PROFIT CORPORATION OR P.A.

So Clean Restoration Inc.

Certificate of Status	I
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11/3/04

#### 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:

So Clean Restoration Inc.

ARTICLE II PRINCIPAL OFFICE

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

So Clean Restoration Inc. 5266 Camille Avenue Jacksonville, FL 32210 2001 NOV -3 A IC 26

#### 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:

Amy Lawen 5158 Camille Avenue Jacksonville, FL 32210

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):

Amy Noel Lawen - President 5158 Camille Avenue Jacksonville, FL 32210

#### ARTICLES VI INCORPORATOR(S)

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

Amy Noel Lawen 5158 Camille Avenue Jacksonville, FL 32210

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

1st day of November 2004.

Amy Noel Lawen - 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:	So Clean Restoration Inc.			<del></del>
2. The name and address of the register	ed agent and office is:	TAS.	~_;	
	Amy Lawen		NON NOOZ	71
	Name	TARY KSS	- I	
	5158 Camille Avenue	SI SI	w	m
	(P.O. Box or Mail Drop Box NOT Acceptable)	i S	$\geq$	O
	Jacksonville, FL 32210 (City / State / Zip)	- ST	IC 26	

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.

November 1, 2004

(Date)