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

\$70.00

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& Certificate of Status

SUBJECT: Taylorshawn and Home Maintenance Inc (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	& Certifica Status ADDITIONAL COPY REQUIR			
FROM:	Curlis Taylov Name (Printed or typed)			
	4400 SW 19th Street	TALLA	04 DEC	
	Hollywood F/ 33023	TARY OF STAT ASSEE, FLORI)6 PM	1
	954 961-9121	STATE LORID	l: 29	

□ \$78.75

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& Certified Copy

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Certified Copy

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

Daytime Telephone number

·	
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: Tay lor's hawn and Home Mounte	enance Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4400 SW 19th Street HOLYWOOD, FI 3302-3 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To conduct OLL BUSINESS Allowed under the law State Of Florido- ARTICLE IV SHARES The number of shares of stock is: 1,000	et any and ws of the
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Curtis Taylor HH00 SW 19 14 Street Holly word, F1 33023	FILED 04 DEC -6 PM SECRETARY OF TALLAHASSEE, I
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the reserved in the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) of the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NOT acceptable) and the second street address (P.O. Box NO	STATE CORNER STATE
HOO SW 19th Street Hollywood FI 33023 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Wyfis Taylor	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent to accept service of process for the above stated	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to	11-7-200
Signature/Regist/red Agent Signature/Incorporator	11 - 7 - 260 4 Date
Signature/Incorporator	Date