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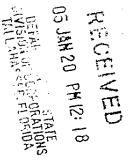
(Requestor's Name)	
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I AZADUS CODDOD ATTE EM TO	
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(Corporation Name)	[Document #)
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(Corporation Name)	(Document #)
Walk in Pick up time _	Certified Copy.
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NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
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Other	Merger
OTHER FILIGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign Limited Partnership
Name Reservation	Reinstatement
<u></u>	Trademark
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ARTICLES OF INCORPORATION

05 JAN 20 PM 2: 16

SECRETARY OF STATE

The undersigned Incorporator(s), for the purpose of forming all AHASSEF, FLORIDA 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:

AD HANdyman Solution INC

ARTICLE II - PRINCIPAL OFFICE

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

13120 SW 242 Terrace Princeton FC, 33032

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

argeo Dominguez
13120 SW 2427r Princeton FL 33032

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

(argeo Dominguez
13120 SU 242 Terrace
Princeton FL 33032

The undersigned incorporator has executed these Articles of Incorporation this 19 day of Jacory 20 05

ARTICLE VI- DIRECTOR(S)

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

argeo Dominguez President.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

e Pries

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature