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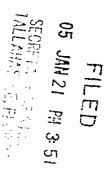
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TRANSMITTAL LETTER

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

SUBJECT: A+ REI	MODELING.INC (PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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: AL	TIN NAZARKO		
	Name	(Printed or typed)	
	1288 MARTINIQUE CT		
		Address	
	MARCO ISLAND FLORIDA 3-		,
	City	, State & Zip	
	239-438-8320		
	Daytime'	Calanhone number	

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

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:

A+ REMODELING.INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1288 MARTINIQUE CT MARCO ISLAND FL 34146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 60000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALTIN NAZARKO 1288 MARTINIQUE CT MARCO ISLAND FL 34146 DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALTIN NAZARKO 1288 MARTINIQUE CT MARCO ISLAND FLORIDA 34146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALTIN NAZARKO 1288 MARTINIQUE CT MARCO ISLAND FL 34146

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

Signature/Registered Agent

Signature/Incorporator

Date

` Date