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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Allstar Pressure Washing Inc.

Certificate of Status	1
Certified Copy	0
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1.844648 APR 1 2 2005

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:

ALLSTAR PRESSURE WASHING OF JACKSONVILLE INC.

ARTICLE II PRINCIPAL OFFICE

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

ALLSTAR PRESSURE WASHING OF JACKSONVILLE INC.

6455 Argyle Forest Blvd, Apt. 909 Jacksonville, FL 32244

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

OS APR 11 AM 9: CO

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maurice Coney 6455 Argyle Forest Blvd, Apt. 909 Jacksonville, FL 32244

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):

Maurice Coney - President 6455 Argyle Forest Blvd, Apt. 909 Jacksonville, FL 32244

ARTICLES VI INCORPORATOR(S)

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

Maurice Coney 6455 Argyle Forest Blvd, Apt. 909 Jacksonville, FL 32244

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

<u>8st</u> day of <u>April</u> 2005.

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: ALLSTAR PRESSURE WASHINGOF JACKSONVII	LLE INC.
2. The name and address of the re	gistered agent and office is:	
	Maurice Coney	os apr
	Name	一
	6455 Argyle Forest Blvd, Apt. 909	
	(P.O. Box or Mail Drop Box NOT Acceptable)	- Section of the sect
	Jacksonville, FL 32244 (City / State / Zip)	9:00

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.

April 8, 2005

(Date)