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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
05 MAY 18 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA NATIONAL PAINTING, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

1. Bureau MAY 19 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
FLORIDA NATIONAL PAINTING, INC.**

ARTICLE I

The name of the corporation is: FLORIDA NATIONAL PAINTING, INC.

ARTICLE II

The Corporation may engage in or transact in any or in all activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The Corporation is authorized to issue and have outstanding an aggregate number of One Hundred (100) shares of one class of common stock, having a par-value of One (\$1.00) Dollar per share. This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV

All shareholders of the Corporation shall be vested with full preemptive rights.

ARTICLE V

The Corporation initial Registered Agent and Registered Office in the State of Florida are:

Initial Registered Agent
Initial Principal Office and
and Registered Office

Jose A Castillo
4190 West 10 Court
Hialeah, Fl. 33012

Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the law pertaining thereto.

ARTICLE VI

The number of Directors constituting the Initial Board of Directors of the Corporation are two, the number of Directors may be increased or decreased from time to time by Laws but shall never be less than one.

ARTICLE VII

The name and address of the members of the Initial Board of Directors is:

| Name | Address |
|------------------|---|
| Jose A. Castillo | 4190 West 10 Court Hialeah, Fl 33012 |
| Deandy Castillo | 4190 West 10 Court Hialeah, Fl 33012 |

ARTICLE VIII

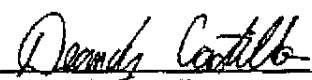
The name and addresses of the Incorporators executing these
Articles of Incorporation are:

| Title/Name | Address |
|--|---|
| President: Jose A Castillo 50 % Shares | 4190 West 10 Court Hialeah, Fl 33012 |

| | |
|--|---|
| Vice-President: Deandy Castillo 50% Shares | 4190 West 10 Court Hialeah, Fl 33012 |
|--|---|



Jose A Castillo



Deandy Castillo

ACKNOWLEDGMENT

STATE OF FLORIDA]
] SS
COUNTY OF MIAMI DADE]
]
_____]

Before a Notary Public authorized to take acknowledgment in the STATE OF FLORIDA and COUNTY OF MIAMI DADE, set forth above, personally appeared Jose A. Castillo and Deandy Castillo, to be the person(s) who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

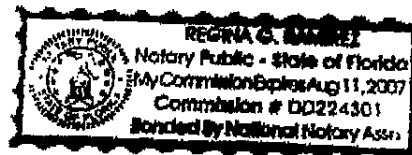
IN WITNESS WHEREOF, I have set here unto my hand and seal affixed in the STATE OF FLORIDA, COUNTY OF MIAMI DADE, this 16TH day of May, 2005.



Notary Public

STATE OF FLORIDA AT LARGE

My commission expires: August 11, 2007



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 and 617.0501, Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: FLORIDA NATIONAL PAINTING, INC.
2. The name and address of the registered agent and office is:

Jose A Castillo
4190 West 10 Court
Hialeah, FL 33012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____

Date: _____



5/18/05