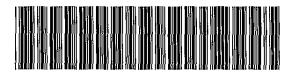
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# LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
POLITIS CON	ISTRUCTION APPLIANCES
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(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Profit	Amendment
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OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership Reinstatement
•	Trademark Other
	- Onte

Examiner's Initials\_

# ARTICLES OF INCORPORATION 05 AUG 17 PM 3: 57

The undersigned Incorporator(s), for the purpose of forming a corporation of STATE

under the Florida Business Corporation Act, hereby adopt(s) the following SEE, FLORIDA Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

POLITI'S CONSTRUCTION APPLIANCES &

REPAIR CORP.

### ARTICLE II - PRINCIPAL OFFICE

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

15875 SW 103n pl Wignii FL. 33157

## 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:

MICHAEL POLITI 15825 SW 102nd PL MIAMI PL. 33157

ED 05 AUG 17 PM 3:57 TALLAHASSEE, FLORIDA

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: MICHAEL POCITI 15825 SW 103nd Place MIAMI FL. 33157

The undersigned incorporator has executed these Articles of Incorporation this 20 day of 2005

#### ARTICLE VI- DIRECTOR(S)

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

MICHAEL POLITI (President) 15825 SW 103 nd place Minni FC. 33157

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

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