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To:

Division of Corporations

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From:

Account Name : HUBCO

Account Number: 104662003400 (516) 935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

Zanoni Restorations Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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ARTICLES OF INCORPORATION

he undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business 'orporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

he name of the corporation shall be:

Zanoni Restorations Inc.

ARTICLE II PRINCIPAL OFFICE

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

Zanoni Restorations Inc. 1748 Sprinkle Court Jacksonville, FL 32211

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Philip Zanoni 1748 Sprinkle Court Jacksonville, FL 32211

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLES V INITIAL OFFICER(\$)/DIRECTOR(\$)

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

Philip Zanoni - President 1748 Sprinkle Court Jacksonville, FL 32211

ARTICLES VI INCORPORATOR(S)

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

Philip Zanoni 1748 Sprinkle Court Jacksonville, FL 32211

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

22nd day of <u>August</u> 2005.

Philip Zánoni - Signáture

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: 2 | Zanoni Restorations Inc. | | | |
|---|---|----------------|--------|------|
| 2. The name and address of the register | ed agent and office is: | TALLAH | 05 SEP | -T-1 |
| | Philip Zanoni | ASSEI ASSEI | 2 | |
| | Name | — 円ぐ | 79 | |
| | 1748 Sprinkle Court | CORIDA | 5 | |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | T OA | ယ္သ | |
| | Jacksonville, FL 32211 (City / State / Zip) | | | |

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.

hillin Zanoni

SIGNATURE

(Date)

August 22, 2005