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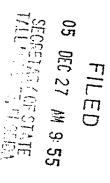
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COVER LETTER

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

SUBJECT: _	POINCIANA MECHANIC	AL INSULATION INC.	-
	,	RPORATE NAME - MUST INC	
	an original and one ((1)) copy of to 70.00	\$78.75 Filing Fee & Certified Copy	X \$87.50 Filing Fee,
FRO	M; Cinthia Hernande	Z Name (Printed or typed)	
	325 Marquee Dr	Address	<u> </u>
	Kis <u>simmee, Fl. 347</u>	58 City, State & Zip	
	321 <u>-287-8667</u>	ytime Telephone number	and the second s

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:

Poinciana Mechanical Insulation Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

325 Marquee Dr Kissimmee, Fl.34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Banking Purpose

ARTICLE IV SHARES

The number of shares of stock is:

10,000 \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND OR DIRECTORS

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

Pedro J Gonzalez 325 Marquee Dr Kissimmee, fl.34758 Vice-President:

ARTICLE VI REGISTERED AGENT

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

Cinthia Hernandez 325 Marquee Dr Kissimmee, fl.34758

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vice-President And Treasurer

President And Secretary

Pedro J Gonzalez 325 Marquee Dr Kissimmee, fl.34758

Cinthia Hemandez 325 Marquee Dr Kissimmee, 8.34758

Having been paped as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with mid accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Signature/Incorporator

Date

Date