Division of Corporations 0041366 Florida Department of State

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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/NON PROFIT CORPORATI

Adams Remodeling & Construction Inc.

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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

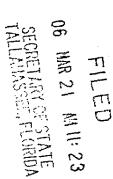
The name of the corporation shall be:

Adams Remodeling & Construction Inc.

ARTICLE II PRINCIPAL OFFICE

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

Adams Remodeling & Construction Inc. 2728 Sequoyah Drive Haines City, FL 33844



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Anthony Adams 2728 Sequoyah Drive Haines City, FL 33844

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):

David Anthony Adams - President/Director 2728 Sequoyah Drive Haines City, FL 33844

ARTICLES VI INCORPORATOR(S)

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

David Anthony Adams 2728 Sequoyah Drive Haines City, FL 33844

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

20th day of March 2006.

David Anthony Adams - Signature

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.

2. The name and address of the regist	ered agent and office is:			
	David Anthony Adams			
	Name			
	2728 Sequoyah Drive			
	(P.O. Box or Mail Drop Box NOT Acceptable)	_		
	Haines City, FL 33844			
	(City / State / Zip)			
corporation at the place designated agent and agree to act in this capa	igent and to accept service of process for the above states I in this certificate, I hereby accept the appointment as re city. I further agree to comply with the provisions of all th	gistered		
	e performance of my duties, and am familiar with and acc	cept the		
	e performance of my duties, and am familiar with and acc	cept the	90	
	e performance of my duties, and am familiar with and acc	cept the SECRE	06 HA	n
	e performance of my duties, and am familiar with and acc	cept the SEGRETMEN TALLATINSS	06 HAR 21	ij
	e performance of my duties, and am familiar with and acc	cept the SECRETARY OF TALLAHASSEE,	21	n T
	e performance of my duties, and am familiar with and acc	cept the SECRETARY OF STA	21 MH:	<u> </u>
relating to the proper and complete obligations of my position as regist	e performance of my duties, and am familiar with and acc	SECRETARY OF STATE TALLAMASSEE, FLORIDA	21	<u> </u>

SIGNATURE