

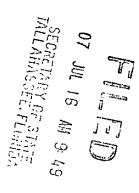
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TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS

PO BOX 6327 TALLAHASSEE, FL 32314

SUBJECT:

MY ROOF TILE, INC

(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$ 78.75.

FROM:

RICHARD L. RIESENBERG

ACCOUNTANT

644 E. HALLANDALE BEACH BOULEVARD

HALLANDALE BEACH, FL 33009

954-458-5514

ARTICLES OF INCORPORATION OF

MY ROOF TILE, INC.

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 #1 NAME OF THE CORPORATION MY ROOF TILE, INC.

ARTICLE #2 PRINCIPAL OFFICE OF THE CORPORATION 2025 NW 167TH STREET, MIAMI GARDENS, FL 33056

ARTICLE #3 NUMBER OF SHARES 1000 SHARES

ARTICLE #4 INITIAL REGISTERED AGENT FOR THE CORPORATION SHAI COHEN

ARTICLE #5 INCORPORATOR(S)

SHAI COHEN, 290 174TH ST, SUNNY ISLES BEACH,FL 33160 DARMON AMIR, 21170 MAINSAIL CIRCLE, AVENTURA, FL 33180

ARTICLE # 6 INITIAL OFFICERS AND DIRECTOR(S)

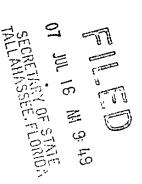
PRESIDENT: SHAI COHEN SECRETARY/TREASURER: DARMON AMIR

SECRETARY/TREASURER

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT AND REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, UNDER THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT AND THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA.

- 1. NAME OF CORPORATION: MY ROOF TILE, INC.
- 2. NAME AND ADDRESS OF RESIDENT AGENT:
 SHAI COHEN
 290 174TH STREET
 SUNNY ISLES BEACH, FL 33160



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

SHAI COHEN

PRINTED NAME

DATE