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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634~3694

Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORA

a-b-custom installations, inc.

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Corporate Filing Menu

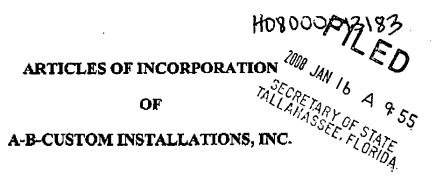
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EMPIRE CORP KIT

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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

The name of the corporation shall be: A-B-CUSTOM INSTALLATIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

16114 KILMARNOCK DRIVE MIAMI LAKES, FL 33014

ARTICLE III - NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,000

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ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERICK A. BARRERA 16114 KILMARNOCK DRIVE MIAMI LAKES, FL 33014

ARTICLE YI - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ERICK A. BARRERA 16114 KILMARNOCK DRIVE MIAMI LAKES, FL 33014

The undersigned incorporator has executed these Articles of Incorporation this <u>15TH</u> day of <u>JANUARY</u>, 2008

Signature

ARTCILE VII - DIRECTOR(S) & OFFICER(S)

The name and street address of the initial director and officer to these Articles of Incorporation is:

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER & DIRECTOR

ERICK A. BARRERA 16114 KILMARNOCK DRIVE MIAMI LAKES, FL 33014

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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

FILED

SECRETARY OF STATEA

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