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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

RECEIVED
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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

KOTHLER ELEVATOR INDUSTRIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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C.A. 6-11

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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:

KOTHLER ELEVATOR INDUSTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4115 NW 132ND ST UNIT B
OPA LOCKA, FLORIDA 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$20.00

15 PREFERRED SHARES PAR VALUE \$100.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR

OLGA V. DIAZ

4115 NW 132ND ST UNIT B
OPA LOCKA, FLORIDA 33054

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PAGE 2 KOTHLER ELEVATOR INDUSTRIES, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

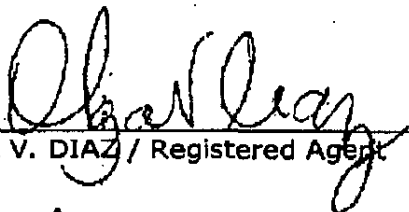
OLGA V. DIAZ
2600 S. UNIVERSITY DRIVE, #202
DAVIE, FLORIDA 33027

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

OLGA V. DIAZ
4115 NW 132ND ST UNIT B
OPA LOCKA, FLORIDA 33054

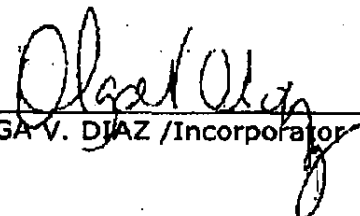
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



OLGA V. DIAZ / Registered Agent

10 / June / 08

Date



OLGA V. DIAZ / Incorporator

10 / June / 08

Date

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