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ORPORATION NAME(S) & DOG	CUMENT NUMBER(S), (if known):
FZORIDA B (Corporation Name)	DOARD UP EXPERT
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NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	
Fictitious Name	Foreign Limited Partnership
	Reinstatement
,	Trademark Other
	Examiner's Initials

ARTICLES OF INCORPORATION

PILLED

2008 JUL -7 PN 4: 26

SICRETARY OF STATE:

TALLAHASSEL SLAGODA

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:

FLORIDA BOARD UP EXPERTS, INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

335 s. Biscayne Blvd. #407

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

335 S. Biscayne Blvd. #407 Miami, fl 33131 Richard Edward Pi

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Richard Edward Pi 335 S. Biscayne Blud. # 407 miani, fl 3313/

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS DAY OF JULY 2008

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

335 S. BISCOYH Blud. #407 Michi, Fl 3313/ Edward Pi

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE

President - Richard

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