

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 617-6381

From:

Account Name : THE TAX MAN, INC.

Account Number: I19990000042

Phone

: (561)799-3810

Fax Number

: (561)799-1818

FLORIDA PROFIT/NON PROFIT CORPORATION

COMPLETE HOME MANAGEMENT, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



TAX & FINANCIAL CONSULTANTS J. FISCHER & ASSOCIATES, INC.

September 10, 2008

Ohvision of Corporations Florida Department of State Attention: Carolyn Lewis

Subject Complete Home Management, Inc

Please be aware that the corporation, Complete Home Management, fac and Complete Home Dear Carolyn, Ref: W08000042058

if you have any questions please don't hesitate to call my accountants office at the number above.

Management, LLC are both owned by me, Gerald Dull, I am changing the corporation from an LLC to an

Sincerely,

Gerald L Duil Director

Securities offered through Royal Allience Associates, Inc. Member FINEWASIPC

3300 PGA flouieward, Sulle 980 · Palm Beach Gardens, Ft 99410 (T) 561.789.3810 (F) 561.789.1818

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2008 SEP -9 AM 10: 01

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF INCORPORATION

OF

COMPLETE HOME MANAGEMENT, INC.

ARTICLE I

NAME

The name of this corporation is COMPLETE HOME MANAGEMENT, INC.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

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ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 1048 Jason Way, West Palm Beach, FL 33406, and the name of the initial registered agent at this address is Gerald L. Dull.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have two (2) directors initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Gerald L. Dull

1048 Jason Way West Palm Beach, FL 33406

Paul Stender

1048 Jason Way West Palm Beach, FL 33406

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ARTICLE IX

INCORPORATORS

The name and address of the persons signing these articles of incorporation is:

Gerald L. Dull

1048 Jason Way

West Palm Beach, FL 33406

Paul Stender

1048 Jason Way

West Palm Beach, FL 33406

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 9th day of September, 2008.

Gerald L. Dull

Paul Stender

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Gerald L. Dull & Paul Stender personally appeared, known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 9th day of September, 2008.

{SEAL}

Notary Public State of Florida Jay 8 Fischer My Commission DD526019 Expires 04/16/2010

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST—COMPLETE HOME MANAGEMENT, INC..

DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPLE PLACE OF BUSINESS AT THE CITY OF West Palm Beach, PALM BEACH COUNTY, STATE OF FLORIDA, HAS NAMED Gerald L. Dull, AT 1048 Jason Way, CITY OF West Palm Beach, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA.

SIGNEI		
TITLE .	PRESIDENT	
DATE	3September 9, 2008	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED Gerald L. Dull

Resident Agent

DATE September 9, 2008

SECRETARY OF STATE