Division of Corporations Electronic Filing Cover Sheet

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION MASTER RENOVATION SERVICES INC.

Certificate of Status	0		
Certified Copy	0		
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Estimated Charge	\$70.00		

SECRETARY OF STATE

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ARTICLES OF INCORPOR ATION

In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MASTER RENOVATION SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing at dress is:

7128 HERSHEY WAY

ORLANDO, FLORIDA 32822

SECRETARY OF STATE

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:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the lirectors and officers

is/are:

PRESIDENT:

JOANNIE ROBLES

7128 HERSHEY WAY

ORLANDO, FLÓRIDA 32822

H1000 0205639

PAGE 2 MASTER RENOVATION SERVICES INC.

ARTICLE VI REGISTERED AGENT

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

JOANNIE ROBLES

7128 HERSHEY WAY

ORLANDO, FLORIDA 32822

ARTICLE VII INCORPORATOR

The name and Florida street address of the ir corporator is:

JOANNIE ROBLES

7128 HERSHEY WAY

ORLANDO, FLORIDA 32822

Having been named as registered agent to Accept service of process

for the above 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.

JOANNIE ROBLES / REGISTERED AGENT

JOANNIE ROBLES / INCORPORATOR

DATE

