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Division of Corporations

Florida Department of State
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Fax Number : (850) 617-6391

From:

Account Name : BUSINESS WORLD TRANSACTIONS, L
Account Number : 104512000707
Phone : (305) 803-2736
Fax Number : (305) 381-2286

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

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SERVICE MAS, CORP.

FLORIDA PROFIT/NON PROFIT CORPORATION

SERVICE MAS, CORP

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October 22, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BUSINESS WORLD TRANSACTIONS, INC.

SUBJECT: SERVI MAX, CORP

REF: W10000049794

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000141087 (SERVIMAX INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing

Regulatory Specialist II Supervisor

FAX Aud. #: H10000230191

Letter Number: 910A00025001

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: SERVICE MAS, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~COMMON SHARES.~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAX J. MOLINA
2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024

Prepared By: MAX J. MOLINA
2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024
954 822-1486

**ARTICLE V
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MAX J. MOLINA
2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024

DIRECTOR & PRESIDENT

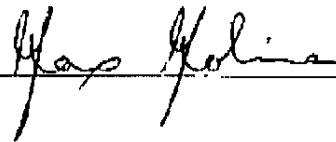
DAVID ANCHIRAI
2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024

VICE PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of OCTOBER, 2010.

Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

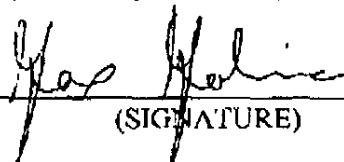
1. The name of the corporation is: SERVICE MAS, CORP.

2. The name and address of the registered agent and office is:

MAX J. MOLINA
2151 N.W. 84 TERRACE
PEMBROKE PINES, FL. 33024

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

10-20-10

(DATE)