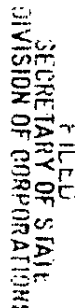


Division of Corporations

PERSONAL ACCOUNT

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DIVISION OF CORPORATIONS

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

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305)823-9292
Fax Number : (305)824-0703

RECEIVED

11 SEP 29 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/30/11

H110002330523

Florida Department of State


Attention: New Filings Section

Date: September 22, 2011

To whom it may concern:

This is to advise you that the owners of JUST LIKE FAMILY HOME SERVICES, CORP.

**Of Doc # P09000099205 Are the same owners of the attached articles of incorporation.
We have dissolved the company and have no intention of reopening it. Thank you for your help
in this matter.**



ISABEL CRUZ Incorporator

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JUST LIKE FAMILY HOME SERVICES, CORP.
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address
625 W 70 PL
HIALEAH FL 33014Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is: 5000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ISABEL CRUZ PD
Address: 625 W 70 PL
HIALEAH FL 33014Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ISABEL CRUZ
Address: 625 W 70 PL
HIALEAH FL 33014**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISABEL CRUZ
Address: 625 W 70 PL
HIALEAH FL 33014

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

ISABEL CRUZ

Required Signature/Registered Agent

09/19/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

ISABEL CRUZ

Required Signature/Incorporator

0919/2011

Date

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