Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | |
|-------|--------------------------|--|
| | Division of Corporations | |
| | Fax Number | : (850)617-6381 |
| From: | | |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. |
| | Account Number | : 120000000019 |
| | Phone | : (305)552-5973 |
| | Fax Number | : (305)675-5944 |
| | | |
| āni | | s for this business entity to be used for futur ngs. Enter only one email address please.** |
| āni | nual report maili | s for this business entity to be used for futur ngs. Enter only one email address please.** |

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RELARY OF STATE
WHASSEE FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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1-10-7

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of South Florida Bil Care Tile of Doc#

P/S coon 570 80 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.

Very Sincerely,

17 JAN 10 AM 10: 16
SEARCHARD OF STATE
TALLAMASSI ELFLORIO.

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| See a second sec | والمتعمل |
|--|--------------------|
| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 608, F.S. (Panille) ################################## | |
| South Florida Bill care 1 | NC. |
| ARTICLE II PRINCIPAL OFFICE: | 17 St. |
| . The principal street address and mailing address is: | |
| 6526 Kendale Lakes Dr. | VSSI VIII UI |
| # 1416 Miami, FL 33183 | |
| | AM IO:-I |
| ARTHTE HI SHARRS: The number of shares of stock is: 100 | 6 DA |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | |
| Leyla Martorella - Presid | lent |
| | - |
| | · · · |
| AKTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE | 38 3 |
| The name and Florida street address (PO Box not acceptable) of the registered-age | ent ist |
| Leyla Martorella | |
| 6526 kendale Lakes Dr. | |
| # 1410 Miami, FL 33183 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporat | Or is: |
| Levia Martorella | |
| 6526 K-endale Lakes Dr. | |
| # 1410 Miami, FC 33183 | |

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Required Signatures:

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

Registered Agent 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 pp. 8.817.155, F.S.

Ipcorporator

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