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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Ø

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA PROFESSIONAL INSTALLATION, INC.

Certificate of Status	0
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## PAGE 02/03

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3841 SW 164TH TERR	
MIRAMAR FL. 33027	
ICLE III SHARES: The number of shares of stock is: 1	00
the second control of	
ARTICLE IV INITIAL DIRECTORS AND/OR OFF	CERS:
	<u>.                                    </u>
Marvin 6. Latino	(D)
Marvin 6. Latino	
TOTEV INITIAL DECIDED AGENT AND CONTROL	ADDREGG
CICLE V INITIAL REGISTERED AGENT AND STREET	
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ame and Florida street address (PO Box not acceptable) of the reg  MARVIN S. LATINO  3841 SW 164 TH TERR	SECRETARY OF SEE

## 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 in s.817.155, F.S.

Joeorporator

Date

2010 AUG 22 AM 10: 04 SECRETARY OF STATE