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|  | Division of Cor   | porations                                    |             |          |   |
|  | Fax Number        | : (850)617~6381                              |             |          |   |
| From:  |                   |  |             |          |   |
|  | Account Name      | : LAZARUS CORPORATE FILING SERVICE, INC.     | 7.5         |          |   |
|  | Account Number    | : I20000000019                               | -           | <u> </u> |   |
|  | Phone             | : (305)552-5973                              | 5.          | 0        |   |
|  | Fax Number        | : (305)675-5944                              |             | ب        | • |
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|  |                   |  |             | 29       |   |
| **Enter  | the email address | s for this business entity to be used for fu | ture        | . •      |   |
| annual report mailings. Enter only one email address please. |                   |  |             | O        |   |
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| Ena  | il Address:       |  | ζ.          | -:-1     |   |
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## FLORIDA PROFIT/NON PROFIT CORPORATION AB DELIVERY AND INSTALLATION CORP

| Certificate of Status | 9       |
|-----------------------|---------|
| Certified Copy        | 1       |
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: AB Delivery and Installation COLD ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: 100 INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (PO Box not acceptable) of the registered agent is INCORPORATOR: The name and address of the Incorporator is:

## Required Signatures:

| Having been named as registered agent to accept ser- corporation at the place designated in this certificate appointment as registered agent and agre  Registered Agent             | e to act in this capacity         |
|---|-----------------------------------|
| TAPING ARECIT   | Date                              |
| I submit this document and affirm that the facts stated the false information submitted in a document to the E third degree felony as provided for in s.817.155, F.S.  Incorporator | Department of State constitutes a |
| Incorporator  | Cate                              |