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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| | NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet. |
| To: | |
| | Division of Corporations |
| | Fax Number : (850)617-6381 |
| From: | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 |
| an | the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** |
| | FLORIDA PROFIT/NON PROFIT CORPORATION 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | I |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

28

Electronic Filing Menu

Corporate Filing Menu

Help

53 6/14/2/

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

ARTICLE I NAME: The name of the corporation is:

| MD Installers COBP | |
|--|-------|
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: 3505 W TenTh Ave, HialeaH, FL 33012 APT 209 | |
| ARTICLE III SHARES: The number of shares of stock is: | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | |
| Melvis Pavi D Andapina Gonzalez (P) | |
| | |
| | |
| | - الغ |
| AND | ***** |
| | 17 |
| PM TO SEE | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ALIDRESS: | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| Melvis David Andapina Gonzalez | |
| 3505 w tenth Ave Hialean F1 | |
| 33012 Apt 209 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | |
| Melvis David Andaping Gonzalez | |
| 3505 w tenth Ave Higheah | |
| F1 33017, Apt 209 | |

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 familian 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.

Incorporator Date

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SECRETARY OF STATE

AND ASSET TO STATE

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