#####78.75 ******78.75

33174 (305)552-5973

(Phone #)

LOCAL REPRESENTATIVE TA	LLAHASSEE	OFFICE USE ONLY	
(904)385-6735			 ,
CORPORATION NAME(S) & D	OCUMENT NUM	BER(S) ((fknown):	
20			
1. (Corporation Name)	SERVICE		
	rvicës A	(Document #)	_
(Curporation Name)	,,,,,,	(Document #)	'0
3. (Corporation Name)		- Ad	
4.		(Document #)	ယ္က
(Corporation Name)	·	(Document #)	
Walk in Pick up time	200		# 77 & 77
,	_		<u>`</u> : ₌ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDME	ENTS	
V Profit	Amendment		
NonProfit	Resignation of R.	.A., Officer/Director	10
Limited Liability	Change of Registe	pred Agent	55 53
Domestication	Dissolution/WithJ	rawal 0	≅ m
Other	Merger	Fee	6 G
		NRP.	≥ ≥
OTHER FILNGS	REGISTRATION	A., Officer/Director pred Agent rawal	RECEIVED 95 JAN -9 AND: 51
Annual Report	QUALIFICATION		· -
Fictitious Name	Foreign	- 15 x 1	10.
Name Reservation	Limited Partnersh	1 B	197
<u> </u>	Reinstatement		
	Trademark	-//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
į	Other	Examiner's Initials	T1

MIAMI,

FLORIDA (City, State, Zip)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 9, 1995

LAZARUS

MIAMI, FL

SUBJECT: PERFECT SERVICES, INC.

Ref. Number: W9500000508

We have received your document for PERFECT SERVICES, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 695A00000826



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham Secretary of State

January 12, 1995

LAZARUS

MIAMI, FL

SUBJECT: PREFERRED SERVICES OF MIAMI, INC.

Ref. Number: W9500000508

We have received your document for PREFERRED SERVICES OF MIAMI, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 695A00000826

ARTICLES OF INCORPORATION

The undersigned incorporatoris), for the purpose of forming a corporation under the Florida Dusiness Corporation Act, hereby adopt(s) the following Articles, of incorporation.

AUTICLE L NAME

The name of the corporation shall be:

DUSTIN SERVICES, INC.

LANASSEE FLORIDA

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2421 Biscayne Blvd, Ste 241

Mimai,Fl 33137

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 dollar a share (1000 shares)

ARTICLETY INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE RODRIGUEZ 2421 Biscayne Blvd, Ste 241 Miami, Fl 33137

AUTICLE V INCORPORATORIES

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

JOSE RODRIGUEZ 2421 Biscayno Blvd, Sto 241 Miami, Fl 33137

7	the undersigne	d incorporator(s)	has(havo) oxocutod	I these Articles of Incorporation thi
_	6	day of	January	, 19 <u></u> 95 ,
	سم			
	. X	Just A.	Signatura	چېرون د د د د د د د د د د د د د د د د د د د
	g-q-1880 ş-ş-in eş-	an and Security and Security and Addition of the American Security and American Security and American Security	Signature	······································
	********		Signature	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1,	The nume of the corporation is:DUSTIN_SERVICES,	TIN SERVICES, INC.						
	∰ij and dangs blyd ydd yn do bringen y flipmas yn dyn mae'n yn raw y eithol arnad blidd							
2.	The name and address of the registered agent and office is: JOSE RODRIGUEZ	ALLAN 1850 JAN 180 JAN						
	(Name)	JAH 13						
	2421 Biscayne Blvd, Ste 241							
	(P.O. Box nat acceptable)	3: 1 10811						
	Miami, Fl 33137	<u> </u>						
	(Clty/State/Zip)							

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the eppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signa (uro)