TRANSMITTAL LETTER

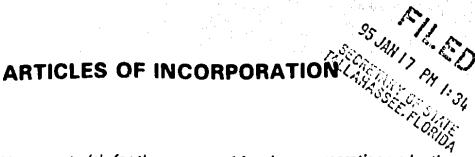
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600001382856 -01/18/95--01006--014 ******78.75 ******78.75

SUBJECT: AISTE REMODEIN (Proposed corporate name - must include suffix)

Enclosed is an original for:	and one (1) copy of the articles of incorporation and	a check	
\$70.00 Filing Fee	\$78.75		
FROM:	Paul D. MAUS Name (printed or typed) 4115 Pompano h	SE JAN 17 PH 1:	
7510423 WORK	Polymethe, Fl. 34221 City, State & Zip 723-2236 Hone Daytime Telephone number	: 34 STATE LORIDA	

NOTE: Please provide the original and one copy of the articles.



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

All State Remodeling INC.

ARTICLE II PRINCIPAL OFFICE

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

4115 PomPano M

Palmetto FI. 34221 SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAULD . MAUS

4115 Pompono h.

Palmeto, Cl. 34221_

ARTICLE V INC()RPORATOR(S)

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

Paul D. MBUS 4115 Pom Dono M. Polmetto . 81.

The unde	ersigned in	ncorporator(s) h	as(have) executed	these Articles of Incor	poration this
	6	day of		, 19 <u>95</u> .	
	<u></u>	(h	Signature		
			Signature		
			Signature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF STATE 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 name of the corporation is: All State Remodeling Inc.
- 2. The name and address of the registered agent and office is:

PAUL D. MAUS
(Name)

4115 Pompano M.

(P.O. Box not acceptable)

Palmetto
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the piace designated in this certificate, I hereby accept the appointment 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.

(Signature)

(Date)