P950000/8979

SUBJECT: AL & NAN RENOVATIONS INC.

(Proposed corporate name - must include suffix)

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

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		& Certificate	419
Nam	W45- 419 Sp3/8/94		
	Address		EXP
305	City, State & Zip - 923 962		TALLAHAS
	Nam 3114 1160 305	Name (printed or typed) 3/14 3-5 A Address //c/2 / 1/00) City, State & Zip	Address 1104411000 33070 City, State & Zip 305-973 9651

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 23, 1995

ALAIN LECOMPTE 2114 28TH AVE. HOLLYWOOD, FL 33020

SUBJECT: AL & NAN RENOVATIONS INC.

Ref. Number: W95000004199

We have received your document for AL & NAN RENOVATIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6928.

Agnes Bundick Corporato Specialist

Letter Number: 695A00008374

ARTICLES OF INCORPORATION

FILED

OF

AL AND NAN RENOVATIONS SECRETALIZATIONS

TALLAHASSEL FLORIDA

ersigned incorporator(s). for the purpose of formits

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

ARTICLE I NAME

The name of the corporation shall be:

AL & NAN RENOVATIONS INC.

The principal place of business of this corporation shall be:

HOLLY WOOD, FL. 33070
ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold of e the first year of the corporation's existence or until their sucessor(s) is (are) elected, is(are):

ALAIN LECOMPTE

FILT DO TO ST. AVE.

HOLLYWOOD, FL 33020

ARTICLES VI_INCORPORATOR(S)

пате(s) oration is(a	street	address(as).	of	the	Incorporator(s)	to	those	articles	of

ALAIN LECOMPTE

7114 28TA AVE

HOLLYWOOD, FL. 33000

Signature(s) of Incorporator(s)

Signature(s) of Incorporator(s)

Signature(s) of Incorporator(s)

Signature(s) of Incorporator(s)

THE FOREGOING instrument was acknowledged and sworn to before me this

January of Jeruary

19 95 by Almin Lecamore

(Name of Incorporator)

of AL - WAN RENOVATIONS INC.
(Name of Corporation)

Notary Public

(SEAL)

My Commission Expires (NOTARY)

F. MASTROVITO
My Comm Exp. 12/15/98
Bonded By Service Ins
No. CC246341

ATION FILING FEE:

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

FILED

95 MAR -8 PM 2: QL

Pursuant to the provisions of Section 607 325, Florida Statutes. The Lindersigned 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:

ALYNAN RENOVATIONS INC.

2. The name and address of the registered agent and office is.

ALAIN ZECOMPTE

(P. O. BOX NOT ACCEPTABLE)

HOLLY WOOD I-L 33030

(CITY/STATE/ZIP)

SIGNATURE QUAL REGISTRATE (Corporate Officer)

TITLE

PRES.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE COMPTE

(Registered Agent)

DATE

ALAIN LE COMPTE

(Registered Agent)