P95000036857

Maintenance Inc

(Proposed corporate name - must include suffix)

TRANSMITTAL LETTER

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

E0010000014455466666 -04/12/95--01074--001 -+++122.50 -+++122.50

'Enclosed is an original and one (1) copy of the articles of incorporation and a check L for : **122.50** \$131.25 \$70.00 \$78.75 Filing Fee & Certified Copy Filing Fee & Cortificate Filing Fee, Filing Fee Cardined Copy & Certificate RoseRs FROM: Name (printed or typed) (10 Goldetome) NORTHAMOTON C Address THI. Koders GAVE 33417 AUTHORIZATION BY PHONE TO Porde City, State & Zip const. # \$ 1907.3 CORRECT 974-3148 305 Daytime Telephone number 00789, 00502,02228, 00767

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



April 20, 1995

JIMMIE ROGERS C/O GOLDSTONE NORTHAMPTON C46 WEST PALM BEACH, FL 33417

SUBJECT: TOTAL MAINTENANCE INC.

Ref. Number: W95000008519

We have received your document for TOTAL MAINTENANCE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 487-6902.

Letter Number: 995A00018679

Linda Stitt Corporate Specialist

FILED 95 MAY 10 RM 8: 05

ARTICLES OF INCORPORALTION OF STATE

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 | NAME

The name of the corporation shall be:

-total maintenance of BrowArd INC

FEIN Number 65-0577359

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5601~S.W.~12Th~ST.~#B201 North LAUDERDALE, FI.~33068

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jimme Rogers 5601 SW. 12Th ST. # B201 North LANDER DALE, Fl. 33068

ARTICLE V INCORPORATOR(S)

	d street address(es) of the Incorporator(s) to these Articles of Incorpora-
tion is(are):	Jimmie L. Rogers
	TOTAL Maintenava of BrowArd IN.
	(10 5601 S.W. 12 Th ST. 15 B201
	North Lauderdale, Fl. 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5	day of April 19 95.
	Jumie de Cours
•	Signature
	Signature
	Signature

Articles of Incorporation Filing Fee - \$35

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 name of the curporation is: Total Maintenance of	, F Broward INC,
2. The name and address of the registered agent and office is: Timm. Rogard (Name) 5601 S.W. 12Th ST # B201 (P.O. Box not acceptable) North Lauderd Ale Fl. 33068	FILED 95 MAY 10 MI 8: 05 SECRETARY OF STATE SECRETARY OF STATE
Having been named as registered agent and to accept service of proces above stated corporation at the place designated in this certificate, I her the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relating to the proper and commance of my duties, and I am familiar with and accept the obligations of as registered agent. (Signature) (Date)	s for the eby accept wither agree mplete perfor- my position