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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
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NAME: CERTIFIED TERMITE INSPECTIONS OF S. FL, INC.
AUDIT NUMBER.....H96000014911
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 4
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SEAL OF THE STATE
PALM BEACH COUNTY
FLORIDA

Handwritten signature and date: 10/24/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 23, 1996

EMPIRE

SUBJECT: CERTIFIED TERMITE INSPECTIONS OF S. FL., INC.
REF: W96000022626

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6067.

Naysa Culligan
Document Specialist

FAX Aud. #: H96000014911
Letter Number: 796A00049059

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ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

1. Name:

The name of this corporation is

CERTIFIED TERMITE INSPECTIONS OF S. FL, INC.

2. Duration:

The period of its duration is perpetual.

3. Purpose:

The purpose is to engage in any activities or business permitted under the laws of the United States of America and Florida.

4. Capital Stock:

The corporation is authorized to issue five hundred (500) shares, all of one class, for cash at a par value of one dollar (\$1.00) per share.

5. Principal Place of Business for this corporation shall be:

1915 NE 45th STREET SUITE 109
FT. LAUDERDALE, FL 33308

6. Initial Board of Directors:

The corporation shall have ONE (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the by-laws of the corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial directors of this corporation is:

NAME
MICHAEL MULLIGAN

ADDRESS
1915 NE 45th STREET SUITE 109
FT. LAUDERDALE, FL 33308

prepared by:
Steven S Lindenbaum CPA PA
767 S State Rd 7 Suite 24
Margate, FL 33068
954-978-3981

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7. Incorporator:

The name and address of the Incorporator signing these Articles of Incorporation is:

NAME
MICHAEL MULLIGAN

ADDRESS
1915 NE 45th STREET SUITE 109
FT. LAUDERDALE, FL 33308

8. Initial Registered Agent & Office:

MICHAEL MULLIGAN
1915 NE 45th STREET SUITE 109
FT. LAUDERDALE, FL 33308

9. Amendment of Articles:

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

10. Stock Issue:

The capital stock of this corporation shall be issued in the following manner:

MICHAEL MULLIGAN - FIVE HUNDRED (500) SHARES

11. Voting:

One share equals one vote.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed of these Articles of Incorporation at MARGATE, Florida, on the 18th day of OCTOBER, 1994.


Incorporator


Registered Agent

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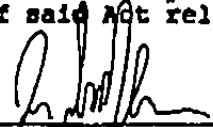
**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 607.34 Florida statutes, the
following is submitted, in compliance with said Act:

First-That CERTIFIED TERMITE INSPECTIONS OF S. FL, INC;
(Name of Corporation)
desiring to organize under the laws of the State of Florida
with its principal office, as indicated in the articles of
incorporation at City of FT LAUDERDALE County
(City)
of BROWARD, State of Florida has
(County)
named MICHAEL MULLIGAN
(Name of Registered Agent)
located at 1915 NE 45th STREET SUITE 109
(Street address and number of building,
Post Office Box address not acceptable)
City of FT LAUDERDALE, County of _____
(City)
BROWARD, State of Florida, as its agent
(County)
to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the
above stated corporation, at place designated in this
certificate. I hereby accept to act in this capacity, and
agree to comply with the provision of said Act relative to
keeping open said office.

By 
Signature
Registered Agent

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96 OCT 24 PM 12:47
STATE
TALLAHASSEE

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