P96000097339

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

800002019898--4 -12/04/96--01111--002 ****131.25 ****131.25

Tallahassee, FL 32314 OUI-SERV Property Preservation Corp. EFFECTIVE DATE Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Jillann Gildea Name (Printed or typed)

San Ford, Fl 32773

City, State & Zip

(401) 324-3714

Daytime Telephone number

Address

All 31.8 621

All 31.8 6

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 22, 1996

JILLANN GILDEA 500 CHEROKEE CIRCLE SANFORD, FL 32773

SUBJECT: ALL-SERV PROPERTY PRESERVATION CORP.

Ref. Number: W96000024746

We have received your document for ALL-SERV PROPERTY PRESERVATION CORP.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$131.25. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 487-6919.

Letter Number: 696A00053109

Beth Register Corporate Specialist Supervisor CENT STIVE DATE

ARTICLES OF INCORPORATION

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.

ASS S

ARTIC The name of the corporation shall be: ALL-Serv Poperty	DEC -2 AN IO: 09 CREASE CARIBA CREASE CARBA CREASE CARBA
	P

ARTICLE II PRINCIPAL OFFICE

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

119 Slade Drive, Longwood, 7L 32750

ARTICLE III SHARES

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

200 no pour value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Jillann Gildea 119 Slade Drive Longwood, FL 32750

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Jillann Gildea, President residency at 14 State Drive Longwood, 7L 32773
Drive Longwood, 72 32773
The corporation is formed for the purpose
of proute trecondition
there are presently no other management.
there are presently no other management. The corp states shall be 200 no por value
The corporate effective date shall be
January 1 1997
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
18th day of 1/c vember, 1996.

(An additional article must be added if an effective date is requested.)

Aul	and Aldon	Rasi Do L
	Signature /	
	Signature .	
	Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

2. The name and address of the registered agent and office is:	
Jillann Gildea	
(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	1
Longwood FL 32750	

Having been named as registered agent and to accept service of process for 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.

Julia (SIGNATURE) (DATE) /96

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314