P 9 7 200 00 66 00 4

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: All Property SERVICES OF Florida, INC. (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$131.25 \$70.00 \$78.75 \$122.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Richard Bellizzi
Name (Printed or typed) 2640 N.E. 135 street. Suite #11 North Migmi FZ 3318/ Richard GAVE Daytime Telephone number AUTHORIZATION BY PHONE TO Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Bysiness Corporation Act, hereby adopt(s) the following Articles of Incorporation.	
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The name of the corporation shall be:	
ALL property SERVICES of Florida, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
2640. N.E. 135 street. suita # 111	
North Miam FC 33187	

ARTICLE III SHARES

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

190,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Bellizzi
2640 N.E 135 street, Suite#11/
North Mami, FZ 33181

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

2640. N. E. 135 street North Mami, Fr 33181 sutt 111

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

24 day of July , 19 97.

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

Signature

Signature

Notarization is not required

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

FILED

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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.

1. 1	The name of the corporation is All SERVICES OF Florida TNC.
2 . '	The name and address of the registered agent and office is:
	Prohand Bollizzi
	P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	No. Micani FC 33181. (CTTY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place 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)

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