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LAZARUS CORPORATE FILING SERVICE, INC.
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LOCAL REPRESENTATIVE TALLAHASSEE

LOCAL REPRESENTATIVE TALLAHASSE	OFFICE USE ONLY
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
1. EASY HOME (Corporation Name)	IMPROVEMENT, INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	
•	(Document #)
4. (Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS Per of the
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
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Other	Merger , V
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OTHER FILNGS	REGISTRATION/ OUALIFICATION Foreign Limited Partnership
Annual Report	Te-til-
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	neilistatement :
	Trademark
K. Rolfe APR 1 5 1990	Other

K. Rolfe



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1998

LAZARUS

MIAMI, FL

SUBJECT: EASY HOME IMPROVEMENT, INC.

Ref. Number: W98000008112

We have received your document for EASY HOME IMPROVEMENT, INC.. However, the document has not been filed and is being returned for the following:

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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Letter Number: 398A00019169

Loria Poole Corporate Specialist

ARTICLES OF INCORPORATION

DN AND PARTY OF THE PROPERTY O

Ş.,

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:

L&L Home Improveyed) INC

ARTICLE II PRINCIPAL OFFICE

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

15659 SW 73 EVEC. TERRA AST 5-3

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tydia SANTANA 15659 SN 73 eVKC, TELL. Apt 5-3 1/19415 Fla 33193

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
Lia Santana
73 5 m) 73 ciel Tenen
1563930 13 CVRC. TERFA
Tydia SANTANA 15659 SAN 73 EIRC TERRA 1567.5-3 33193 Mians' Fla.
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
Lydia SANTANA (P)
Tydia SANTANA (P) 15659 SW 73 EVRC. TERRA
MIT 5-3 Afrique F/A.
157.5-3 Minus F/A.
The undersigned incorporator(s) bas(bayo) executed these Articles as
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this fay of, 19 98.
· · · · · · · · · · · · · · · · · · ·
Ŝignature
Signature
Signature *

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

The name of t	he corporation is: L4 L Hous Impro
he name and	l address of the registered agent and office is:
Judio	SANTAWA (NAME)
Y	(NAME)
15659	SW 73 EVLE, TELLA A/15-3 (P.O. BOX NOT ACCEPTABLE)
	(P.O. BOX NOT ACCEPTABLE)
Miano	<i>[1.</i> 33193
	(CITY/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 STATE ST

REGISTERED AGENT FILING FEE: \$35.00

98 APR 14 PH 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA