

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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P9800000 48716

Precision Home Improvements
of Sarasota, Inc.

100002542541--3
-06/01/98--01087--011
****122.50 ****122.50

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

<input checked="" type="checkbox"/>	Art of Inc. File	cert
<input type="checkbox"/>	LTD Partnership File	
<input type="checkbox"/>	Foreign Corp. File	
<input type="checkbox"/>	L.C. File	
<input type="checkbox"/>	Fictitious Name File	
<input type="checkbox"/>	Trade/Service Mark	
<input type="checkbox"/>	Merger File	
<input type="checkbox"/>	Art. of Amend. File	
<input type="checkbox"/>	RA Resignation	
<input type="checkbox"/>	Dissolution / Withdrawal	
<input type="checkbox"/>	Annual Report / Reinstatement	
<input checked="" type="checkbox"/>	Cert. Copy	
<input type="checkbox"/>	Photo Copy	
<input type="checkbox"/>	Certificate of Good Standing	
<input type="checkbox"/>	Certificate of Status	
<input type="checkbox"/>	Certificate of Fictitious Name	
<input type="checkbox"/>	Corp Record Search	
<input type="checkbox"/>	Officer Search	
<input type="checkbox"/>	Fictitious Search	
<input type="checkbox"/>	Fictitious Owner Search	
<input type="checkbox"/>	Vehicle Search	
<input type="checkbox"/>	Driving Record	
<input type="checkbox"/>	UCC 1 or 3 File	
<input type="checkbox"/>	UCC 11 Search	
<input type="checkbox"/>	UCC 11 Retrieval	
<input type="checkbox"/>	Courier	

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RP
6/1/98

ARTICLES OF INCORPORATION

of

PRECISION HOME IMPROVEMENTS OF SARASOTA, INC.

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FIRST:

The name of the Corporation shall be PRECISION HOME IMPROVEMENTS OF SARASOTA, INC. The principal mailing address of the corporation is 1183 Deer Hollow Place, Sarasota, Florida 34232.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1183 Deer Hollow Place, Sarasota, Florida 34232.

FIFTH:

The registered agent for the corporation shall be:

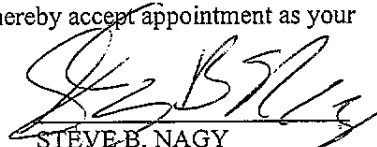
STEVE B. NAGY
1183 Deer Hollow Place
Sarasota, Florida 34232

SIXTH:

To the incorporator of PRECISION HOME IMPROVEMENTS OF SARASOTA, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

5.28.98
Date


STEVE B. NAGY

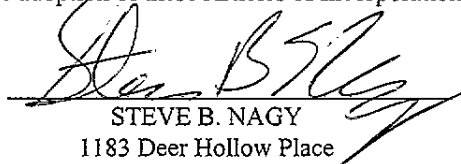
SEVENTH:

The initial Board of Directors of the corporation shall consist of ONE (1) member:

STEVE B. NAGY
1183 Deer Hollow Place
Sarasota, FL 34232

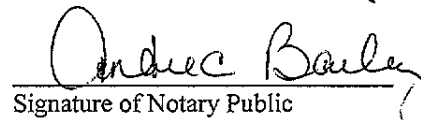
EIGHTH:

The incorporator of PRECISION HOME IMPROVEMENTS OF SARASOTA, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:


STEVE B. NAGY
1183 Deer Hollow Place
Sarasota, FL 34232

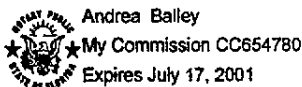
STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of PRECISION HOME IMPROVEMENTS OF SARASOTA, INC., were acknowledged before me this 28th day of May 1998 by STEVE B. NAGY as Registered Agent. He is personally known to me and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.


Signature of Notary Public

Print Name of Notary Public

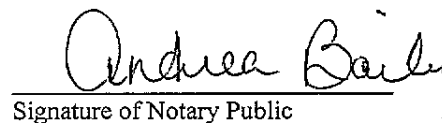
I am a Notary Public of the State of _____, and my commission expires on _____.



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DIVISION OF CORPORATIONS

The foregoing Articles of Incorporation of PRECISION HOME IMPROVEMENTS OF SARASOTA, INC., were acknowledged before me this 28th day of May 1998 by STEVE B. NAGY as Incorporator. He is personally known to me and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.


Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____, and my commission expires on _____.

