TRANSMITTAL LETTER

P98000064103

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

SUBJECT:	TM Reside WITIAL (Proposed corpor	Selvice Inc. ate name - must include suf	fix)	
Enclosed is an original	and one(1) copy of the articles		*****78.	301114017
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Co & Certificat	te
FROM: _	RICHARD D SIRIZZ Name (Pi	ZOTTI rinted or typed)	TALLAHA	SECRET
	SS7606 ABOR C/ BOCA RATON F. City,		SSEE, FLORIDA	TILED 20 PM 3: 27 ARY OF STATE
	56/- 362 - 9763 Daytime T	elephone number		



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE	I	NAME

The name of the corporation shall be:

LJM Residential Service Inc.

ARTICLE II PRINCIPAL OFFICE

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

557606 ARDOR CLUB WAY BOCA RATON FL 33433

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RICHARD PSIRIZZOTTI 557606 ARBOR CIUS Way BOCA RATON FL 33433

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RICHARD DSIRIZZOTTI 557606 ARDOR Club Way BOCA RAYON FL 33433

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

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