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

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Tallahassee, FL 32314			~01/84/350 *****70.00
subject: Ka	RL'S MAINTENANCE (Proposed corpo	KING EDRAIN CERTAIN rate name - must include su	g , Inc.
Enclosed is an original and \$70.00 Filing Fee	and one(1) copy of the article \$78.75 Filing Fee & Certificate	s of incorporation and a \$122.50 Filing Fee & Certified Copy	check for : \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	474 AUTO	ALKLEY rinted or typed) OMN TRAIL Address	
	PALM BEACH (SARDENS, FL 3	3410 <u>.</u>

SECRETARY OF STATIONS
STON OF CORPORATIONS
99 JAN -4 PM 5: 15

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

City, State & Zip

195

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: KARL'S MAINTENANCE & DRAIN CHEMING, INC.

ARTICLE II PRINCIPAL OFFICE

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

474 AUTUMN TRAIL Palm Beach Gardens, FL 33416

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 Florida street address of the initial registered agent are:

Karl Chalkley 474 AUTUMN TRAIL PALM BEACH Gardens, FL 33410

ARTICLE V INCORPORATOR

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

KARL CHALKLEY 474 AUTUMN TRAIL Parm Beach Gardens, Fl 33416

Signature/Incorporator

× 12-2-98

(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

Signature/Registered Agent

Date