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CORPORATION(S) NAME

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 1999

BROWARD LEGAL SUPPLY 2890 GRIFFIN ROAD SUITE 2 FT. LAUDERDALE, FL 33312

SUBJECT: L & L HOME IMPROVEMENT OF FLORIDA, INC. Ref. Number: W99000008042

We have received your document for L & L HOME IMPROVEMENT OF FLORIDA, INC. and your check(s) totaling \$122.50. However, the enclosed

document has not been filed and is being returned for the following correction(s):

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) 487-6933.

Dana Calloway Document Specialist

Letter Number: 499A00017031

DEPARTMENT OF STATE BIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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BECEINED



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 9, 1999

EMPIRE BROWARD LEGAL SUPPLY 1-800-432-3028 MIAMI, FL

SUBJECT: L'S HOME IMPROVEMENT OF FLORIDA, INC.

Ref. Number: W99000008042

We have received your document for L'S HOME IMPROVEMENT OF FLORIDA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

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) 487-6933.

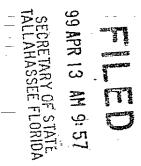
Dana Calloway Document Specialist

Letter Number: 599A00018047

DEPARTHENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

LIS HOME IMPROVEMENT OF FLORIDA, INC.

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 I NAME

The name of the corporation shall be:

L'S HOME IMPROVEMENT OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

19700 SW 14th Street Pembroke Pines, Florida 33029

ARTICLE III CAPITAL STOCK

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

100 @ \$1

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

HOWARD J. LANE
19700 SW 14th Street
Pembroke Pines, Florida 33029 __

ARTICLE V INCORPORATOR(S)

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

HOWARD J. LANE
19700 SW 14th Street
Pembroke Pines, Florida 33029

Signature/Title

CERTIFICATE OF DESIGNATION 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.

٦.	The name of the corporation is: L'S HOME IMPROVEMENT OF FLORIDA, INC.
2.	The name and address of the registered agent and office is:
	HOWARD J. LANE = (NAME)
	19700 SW 14th Street (P.O. BOX NOT ACCEPTABLE)
	Pembroke Pines, Florida 33029
	(CITY/STATE/ZIP)
	SIGNATURE (corporate officer) HE ART STATE DATE April 1, 1999 TO STATE STATE OF THE ART
THI ANI PRO	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGANS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	DATEApril 1, 1999

REGISTERED AGENT FILING FEE: \$35.00