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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAIMES STREET
TALLAHASSEE, FL 32399
JUNE 6, 2001

SUBJECT:

CABINET CLINIC INC

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$122.50.

FROM:

CABINET CLINIC INC 1567 NE 21ST TERRACE JENSEN BEACH, FL 34957 561-225-0497 DI JUNII AM 8: 28
SECRETARY OF STATE

96/13

ARTICLES OF INCORPORATION

OF

CABINET CLINIC INC

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CABINET CLINIC INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

1567 NE 21ST TERRACE JENSEN BEACH, FL 34957

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

25,000 COMMON SHARES - PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

KIMBERLY MAXWELL 1567 NE 21ST TERRACE JENSEN BEACH, FL 34957 OI JUN II AM 8: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIBI

$ARTICLE \quad V \qquad INCORPORATOR(\underline{S})$

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLE OF INCORPORATION IS(ARE):

KIMBERLY MAXWELL 1567 NE 21ST TERRACE JENSEN BEACH, FL 34957

THE U	IDERSIGN	IED HAS(HA	VE) EXECUTED	THESE	ARTICLES	OF IN	(CORPO	RATION
THIS _	6th	DAY OF _	June	_, 2001.	. .			-

SIGNATURE / TITLE

DESIGNATION OF CERTIFICATE

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.

1. THE NAME OF THE CORPORATION IS:

CABINET CLINIC INC

2. THE NAME OF THE REGISTERED AGENT AND OFFICE IS:

KIMBERLY MAXWELL 1567 NE 21ST TERRACE JENSEN BEACH, FL 34957

SIGNATURE

(CORPORAÇÉ OFFICER)

TITLE

DATE 6-6-01

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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.