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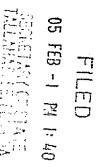
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CORPORATION NAME(s) & D	OCUMENT NUMBER(S) (if known):
CHRISTOPHER	R CABINETS , TAKCI
1. CITTO (Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark

Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

QF

CHRISTOPHER	CABINETS.	TNC.
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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: CHRISTOPHER CABINETS, INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1917 N.W. 22nd. Street, Miami Florida 33142

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Julio C. Someillan 9225 Collins Ave PH-E Surfside, FL 33154

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorpora	tor(s) to these Article	s of incorpora
tion is (are):		

Pres: AMANDA CUEVAS

1917 N. W. 22nd. Street Miami, Florida 33142

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of JANUARY 2005

/ Omanda Cuevas.
Signature

Signature

CERTIFICATE OF DESIGNATION BEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607,0501 or 617,0501, Florida Statutes, undersigned corporation, organized under the laws of the State of Florida, submits tollowing statement in designating the registered office/registered agent, in the State Florida.

7.	The name of the corporation is: CHRISTOPHER CABINETS, INC.	
		····
2	The name and address of the registered agent and office is:	
	JULIO C. SOMEILLAN	
	(NAMÉ)	-
	9225 Collins Avenue PH-E	,
	(P.O. BOX NOT ACCEPTABLE)	
	Surfside, FL 33154	·
	(CITY/STATE/ZIP)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE_C PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGE: 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 OBLIG, TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Selio Choundan

DATE 1/3,/05

FILED

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SECRETARY OF STATE
TALLABASSEE, FLORIDA