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(Requestor's Name)			
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COVER LETTER

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

SUBJECT: F	PERFECTION PLUS CABIN	ETS, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	x \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: _	BILLY EARL EDISON Name	(Printed or typed)	
	8654 NEW KINGS RD.	#51 Address	
	JACKSONVILLE, FLA. 32219 City, State & Zip		
	904-476-6729 Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

07 MAY -1 PH 3: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PERFECTION PLUS CABINETS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8654 NEW KINGS RD.#51 JACKSONVILLE, FLA. 32219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CABINET INSTALLATIONN

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BILLY EARL EDISON 8654 NEW KINGS RD.#51 JACKSONVILLE, FLA. 32219

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BILLY EARL EDISON 8654 NEW KINGS RD.#51 JACKSONVILLE, FLA. 3 219

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

4-27-07 Date 4-27-07