P02000054195

TRANSMITTAL LETTER

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

SUBJECT:	SigNor's (Proposed corp	ABINETRY, / NC orate name - must include suff	ix)	<u> </u>
Enclosed is an origina	al and one(1) copy of the articl	6	00005507 -05/13/021 *****87.50	*1865 01097010 *****87.50
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM:	North Po	ARKLE AVE	02 MAY 13 AH 10: 55 SECRETARY OF STATE TAILLAHASSEE, FLORIDA	

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

941-426-5973

Daytime Telephone number

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:

SIGNOR'S CABINETRY, INC

ARTICLE II PRINCIPAL OFFICE

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

3608 MARKLE Ave. North Port, FL 34286

ARTICLE III SHARES

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

50,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BRYAN M. SIGNOR 3608 MARKIE AVE. North PORT, FL 34286

ARTICLE V INCORPORATOR

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

BRYAN M. SIGNOR 3608 MARKLE AVE. North Port, FL 34286 MAY 13 MH 10: 55

Signature/Incorporator

5/9/02 Date

(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

5/9/02

Deta