TRANSMITTAL LETTER

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

3**00003137263--1** -02/16/00--01056--007 *****78.75 ******78.75

SUBJECT: Homecraft Designers Incorparated.
(Proposed corporate name - must include suffix)
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:
\$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Filing Fee & Filing Fee, Certified Copy & Certificate
FROM: <u>Ayle Viseman</u> Name (printed or typed)
560 Laver Circle, Suite 345
Delray Bch FL 33444
City, State & Zip
561-279-7888
Daytime Telephone number
To a T
OND 58

ARTICLES OF INCORPORATION

OF

Homecraff Designers Incorporated

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 | NAME

The name of the corporation shall be:

Homecraft Pesigners Incorporated

ARTICLE II PRINCIPAL OFFICE

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

560 Laver Circle, Suite 345 Delray But, FL 33444

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lyle Viselman 560 Laver Circle, Soite 345

Delray Boh, FL 33444

ARTICLE V INCORPORATOR(S)

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

Lyle Kiselman 560 Laver Circle, Soite 345 Delray Bh, FC 33444

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

day of Mebruary 19 8000

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:	Homecraft	· Designers Incorporat	ed
		*-		

2. The name and address of the registered agent and office is:

Lyle Viselman

(Name)

560 Laver Circle, Soite 345

(P.O. Box not acceptable)

Delray Boh, FC 33444

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated comporation 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 futies, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)