000po 20950 Requester's Name Luis Leon 13285 SW 39 ST MIAMI FL. 33175 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time Certified Copy ☐ Walk in Certificate of Status Photocopy ☐ Will wait ☐ Mail out <u>AMENDMENTS</u> NEW FILINGS ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director ■ Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign ☐ Annual Report ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **S. Thompson FEB 2 9 2000 Examiner's Initials**

ARTICLES OF INCORPORATION

OOFEB 23 PH 1:55

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:

OLY CUSTOM CABINETS, IUC

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

100 SHARES AT \$1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS LEON 13285 SW 39 ST MIAMI, FL. 33175

ARTICLE V INCORPORATOR(S)

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

Pres)... Luis Leon, 13285 SW 39 ST. MIMMI FL, 33175

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

21 day of February 2000.

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: OLY CUSTOM CABINET	is, Iu	
	 		
2.	The name and address of the registered agent and office is:	OO FI	
	Luis Leon .	FEB 23	
	. (Name)	EG P	
	13185 SW 39 STreeT		
	(P.O. Box not acceptable)	STATE	
	MIAMI FL. 33175	>	
	(City/State/Zip)		

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) FEB. 21/2000