

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 627
Tallahassee, FL 32314

SUBJECT: Custom CABINETS by ROSE INC.
(Proposed corporate name - must include suffix)

100003163411--S
-03/09/00-01040-008
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MARK C. FLETCHER
Name (Printed or typed)

7005 E. 14TH AVE
Address

Tampa FL 33619
City, State & Zip

OFFICE 1-813-246-9188 MOBILE 1-813-267-7088
Daytime Telephone number

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

00 MAR -9 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

CUSTOM CABINETS by ROSE INC

ARTICLE II PRINCIPAL OFFICE

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

7005 EAST 14TH AVE
TAMPA, FL 33619

ARTICLE III SHARES

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

5000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK C FLETCHER
1016 EMERALD DRIVE
BRANDON FL 33511

ARTICLE V INCORPORATOR

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

MARK C FLETCHER
1016 EMERALD DRIVE
BRANDON FL 33511



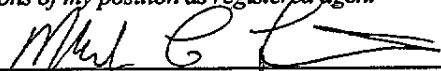
Signature/Incorporator

MARCH 6, 2000

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

MARCH 6, 2000

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA