ACCOUNT NO.: 072100000032

JEUNLTARY OF STATE TALLAHASSEE, FLORIDA

500003216455

REFERENCE: 669871

7141054

AUTHORIZATION ?

COST LIMIT : \$ 78.75

ORDER DATE: April 20, 2000

ORDER TIME : 11:07 AM

ORDER NO. : 669871-005

CUSTOMER NO: 7141054

CUSTOMER: Mr. George Foreman

> MR. GEORGE FOREMAN MR. GEORGE FOREMAN 8833 Tamiami Trail East

Naples, FL 34113

CABINET CRAFTERS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

EARETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

o විටිරි CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

to 10578 Pr 4/21/00/



April 21, 2000

CSC NETWORKS

SUBJECT: CABINET CRAFTERS, INC.

Ref. Number: W0000010518

We have received your document for CABINET CRAFTERS, INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 300A00021993





Cabinet Craft of Naples, Inc. 2 Sonderhen Drive Naples, Fl. 34114

April 19, 2000

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

NEW CORPORATION APPLICATION FOR: Cabinet Craft of Naples, Inc.

Enclosed is an original and ONE copy of the "Articles of Incorporation," and "Certificate of Designation Registered Agent/Registered Office" for the above corporation.

SIGNED:

SUBMITTED BY:

NAME:

Robert M. Sells

ADDRESS:

2 Sonderhen Drive

CITY, STATE, & ZIP:

Naples, Fl 34114

TELEPHONE NUMBER:

(941) 250-4600

Thank you for assistance in this matter,

Very truly yours,

Robert M. Sells

FILED

ARTICLES OF INCORPORATION OF FLORIDA

SECRETARY OF STATE TALLAHASSEE, FLORIDA

00 APR 20 PM 3: 19

ARTICLE I: NAME

The name of the corporation shall be: Cabinet Craft of Naples, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2 Sonderhen Drive
Naples, FL 34114

ARTICLE III: CAPITAL STOCK

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

1,000 Common Shares

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Robert M. Sells 2 Sonderhen Drive Naples, FL 34114

ARTICLE V: INCORPORATOR

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

Robert M. Sells 2 Sonderhen Drive Naples, FL 34114

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) these Articles of incorporation.

The undersigned has executed these Articles of Incorporation this 19th day of April, 2000.

Robert M. Sells, Incorporator

FILED

CERTIFICATE OF DESIGNATION

00 APR 20 PM 3: 19

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Cabinet Craft of Naples, Inc. 2 Sonderhen Drive Naples, FI 34114

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

Name:

Robert M. Sells

Address:

2 Sonderhen Drive

Naples, FL 34114

Telephone:

(941) 250-4600

3. Authorized by:

Title:

Date:

President

Signature

April 19, 2000

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:

Date: April 19, 2000