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

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SUBJECT:	THE	CARPENTRY	PROFESSION!	ALS, INC.
~·	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check f	of incorboration and a cheek for .
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1 5	\$70.00
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\$78.75

Filing Fee

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 COHEN C.P.A. Name (Printed or typed)	SECR TALLA
1772 EAST TRAFALGAR CIRCLE	SECRETARY OF TALLAHASSEE, F
HOLLYWOOD FL 33020 City, State & Zip	F STATE FLORIDA
(954) 922 ~ 6042 Daytime Telephone number	

OR 4/24

ÁRTIČLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. 2000 APR 19 PM 12: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

THE CARPENTRY PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1634 62nd TRAIL WEST PALM BEACH, FL 33415

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK COHEN CPA 1772 EAST TRAFALGAR CIRCLE HOLLY WOOD, FL 33020

ARTICLE V INCORPORATOR

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

MARK COHEN CPA 1772 EAST TRAFALGAR CIRCLE

HOLLY WOOD, FL 33020

Signature/Incorporator

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 obligation of my position as registered agent

Signature/Registered Agent

Date