

Power 8492

Charter Number Only

VALIDATION ONLY

Requestor's Name _____
 Address *BR* _____
 City _____ State _____ ZIP _____ Phone _____

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 -09/14/00--01006--012
 *****78.75 *****78.75

CORPORATION(S) NAME

Custom Designs Cabinetry, Inc.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

FILED
 00 SEP 21 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA


 Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

9/14

Cent. Copy 47
11-28-00

RECEIVED
 00 SEP 14 AM 9:44
 DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 14, 2000

EMPIRE

MIAMI, FL

SUBJECT: CUSTOM DESIGNS CABINETRY, INC..
Ref. Number: W00000022547

We have received your document for CUSTOM DESIGNS CABINETRY, INC..
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.

Please return the original and one copy of your document, along with a copy of
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 200A00048657

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00 SEP 21 AM 9:37
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Smart Solutions Woodwork, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*2471 SW 56 Terrace
Hollywood, FL 33023-4020*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cabinetry Manufacturing

ARTICLE IV SHARES

The number of shares of stock is: *100 shares @ \$1. - par value*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): *Juan Antonio Perez
2471 SW 56 Terrace
Hollywood, FL 33023-4020*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
*Juan Antonio Perez
2471 SW 56 Terrace
Hollywood, FL 33023-4020*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
*Juan Antonio Perez
2471 SW 56 Terrace
Hollywood, FL 33023-4020*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

9-11-2000

Signature/Incorporator

Date

9-11-2000

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