TRANSMITTAL LETTER

00 DEC 18 AM 11: 20

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

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

> 000003504420--5 -12/18/00--01126--010 ******78.75 ******78.75

SUBJECT:	A11	Buildings	Direct	Inc.		
	include suffix)					

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a c	check for:			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	: Mary F. Lencioni Name (Printed or typed) 230 Wavecrust CT Address					
Boca Raton Fl 33432 City, State & Zip						
561-368-5903 Daytime Telephone number						

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

14.2/20/00

ARTICLES OF INCORPORATION

Signature/Registered Agent

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

ADTICLE L MALEE	OU DEC 18 AM 11: 20
ARTICLE I NAME The name of the corporation shall be:	VAL MATARY ME STATE
	CÉGNÉTARY OF STATE TALLAHASSEE, FLORIDA
All Buildings Direct, Inc.	, , , , , , , , , , , , , , , , , , ,
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation	n shall be:
230 Wavecrest Ct	
Boca Raton, Fl 33432	
ARTICLE III SHARES	<u>-</u>
The number of shares of stock that this corporation is authorized to ha	we outstanding at any one time is:
100 shares	
ARTICLE IV INITIAL REGISTERED AGENT AND S	STREET ADDRESS
The name and Florida street address of the initial registered agent are:	
231 Wavecrest Ct	
Boca Raton, Fl 33432	
1 · · · · · · · · · · · · · · · · · · ·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorp	oration are:
The name and address of the medipotator to these Articles of medip	oration are.
Mary P. Lencioni	
230 Wavecrest Ct	~
Mary F. Lencioni 230 Wavecrest Ct Boca Raton, Fl 33432	
Ana M. I	12 4/40
May F. Lencirie	12.14.00
/ Signature/Incorporator	Date
(An additional article must be added if an office	otivo dete ia magnestad \
(An additional article must be added if an effec	cuve date is requested.)
Having been named as registered agent and to accept service of process for the ab	
certificate, I hereby accept the appointment as registered agent and agree to act provisions of all statutes relating to the proper and complete performance of	
obligations of my position as registered agent	10/1/10

Date