OFFICE UP ONLY (UP OUT #) OFFICE UP ONLY (UP OUT #) DEFICE UP ONLY (UP OUT OUT #) DEFICE UP ONLY (UP OUT #) DEFICE UP OUT #) DEFICE U	
3320 S.W. 87 AVENUE (Address) GOOOO35742166 OI/25/0101031016 ******78.75 City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. <u>INNOVATIONS IN WOOD, INC.</u> (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) 5. (Document #) 6. (Document #) 6. (Document #) 7. (Docume	
NEW FILINGS Amendment Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Domestication Dother Dissolution/Withdrawal Other REGISTRATION/ OUAT IFIC/ACLION Fictitious Name Limited/Partnership Name Reservation Foreign Reinstatement Trademark Other Examiner's Initials	

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FLORIDA DEPARTMENT OF STATE Katherine Härris Secretary of State

January 25, 2001

LAZARUS

MIAMI, FL

SUBJECT: INNOVATIONS IN WOOD, INC. Ref. Number: W01000001942

We have received your document for INNOVATIONS IN WOOD, 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 501A00004271

RECE PH 3: Π

ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EURO-WOOD, INC.



ARTICLES II PRINCIPAL OFFICE

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

6941 NW 82ND AVENUE MIAMI, FLORIDA 33126

ARTICLES III SHARES

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

500 SHARES \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO J. PEREZ 6941 NW 82ND AVENUE MIAMI, FLORIDA 33126

ARTICLES V INCORPORATE(S)

The name and street address (es) of the incorporate(s) to these Articles of Incorporation is (are):

PEDRO J. PEREZ 6941 NW 82ND AVENUE MIAMI, FLORIDA 33126

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PRESIDENT, SECRETARY, TREASURER, DIRECTOR

ARTICLE VI DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is(are):

PEDRO J. PEREZ 6941 NW 82ND AVENUE MIAMI, FLORIDA 33126

SIGNATURE

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this _23RD_day of _JANUARY _ 2001

Day/			· .
SIGNATURE	PEDRO J. PEREZ	PRESIDENT, SECRETARY, TREASURER DIRECTOR	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	*æ***

Articles of Incorporation

Filling Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.051, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

EURO-WOOD, INC.

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

PEDRO J. PEREZ (Name) 6941 NW 82ND AVENUE (PO Box not acceptable)

MIAMI, FLORIDA 33126 (City/State/Zip)

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)



DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE 科 3231