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## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

| 1.               | A Artistic                                         | c)<br>ation Na | tchen and BATA                        | 4 Desisu<br>(Documen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Group                                               | Tue                                         |             |
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| 2.               | (Corporation Name)                                 |                |                                       | (Documer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Document #)                                        |                                             |             |
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| 4.               | Walk in Pick up time  Mail out Will wait Photocopy |                |                                       | C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Document #)  Certified Copy  Certificate of Status |                                             |             |
| NEW FILINGS      |                                                    |                | AMENDMENTS                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | 02MAY 15 PM<br>SECRETARY GI<br>ALLAHASSEE I | P 12 (22)   |
| J. F             | rofit                                              |                | Amendment                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | PM 4: 02<br>OF STATE<br>E FLORID            |             |
| ١                | NonProfit                                          |                | Resignation of R.A., Officer/Director |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             | <del></del> |
| L                | Limited Liability                                  |                | Change of Registered Agent            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                   |                                             |             |
| Domestication    |                                                    |                | Dissolution/Withdrawal                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |             |
|                  | Other                                              |                | Merger                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>)</b>                                            |                                             |             |
| OTHER FILINGS    |                                                    |                | REGISTRATION/<br>QUALIFICATION        | The state of the s | ///                                                 |                                             |             |
|                  | Annual Report                                      |                | Foreign                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |             |
| Fictitious Name  |                                                    |                | Limited Partnership                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |             |
| Name Reservation |                                                    |                | Reinstatement                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |             |
| CR2E031(10/92)   |                                                    |                | Trademark Examiner's Initials         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |             |
|                  |                                                    |                | Other                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Examine                                             | r s initials                                |             |

#### ARTICLES OF INCORPORATION

OF

### A ARTISTIC KITCHEN AND BATH DESIGN GROUP, INC.

I, the undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida.

### **ARTICLE I-NAME**

The name of this corporation shall be:

### A ARTISTIC KITCHEN AND BATH DESIGN GROUP, INC.

### **ARTICLE II-AUTHORIZED SHARES**

The capital stock authorized, the part value thereof, and the characteristics of such stock shall be as follows: **7,500 Shares of Common Stock-without Par Value.** 

All of said stock shall be payable in cash, property, real or personal, labor or services in lieu of cash, at a just valuation to be fixed by the Board of Directors of this corporation. The payment thereof does not have to be at the time of issuance, provided that said shares are subject to calls thereon until the whole consideration therefor shall have been paid. All of such shares are to consist of one class only.

### **ARTICLE III-INITIAL CAPITAL**

The amount of capital with which this corporation shall commence business shall not be less than \$500.00.

### **ARTICLE IV-EXISTENCE**

This corporation shall commence its existence on filing, and shall exist perpetually thereafter unless sooner dissolved according to law.

### **ARTICLE V-INITIAL ADDRESS**

The initial and mailing address of this corporation shall be 1133 NORTH FEDERAL HIGHWAY, FT LAUDERDALE, FL 33304, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

### **ARTICLE VI-ELECTION OF DIRECTORS**

This corporation shall have at least one director, with the exact number to be specified by the stockholders from time to time unless the stockholders shall, by a majority vote hereafter, determine that the corporation be managed by the stockholders. The initial number of directors shall be two.

### **ARTICLE VII-INITIAL DIRECTORS**

The name and street address of the first Directors of the corporation, who shall hold office for the first year or until his successor is duly elected and qualified, shall be:

MARWAN EID 1133 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 \*\*\*400 shares\*\*\*

ANTHONY MARTUCCI 1133 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 \*\*\*200 shares\*\*\*

CORNELIUS L. BENTON 1133 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 \*\*\*400 shares\*\*\*

# **ARTICLE IX- OFFICERS OF THE CORPORATION**

The officers of this Corporation shall be a President, Secretary, Treasurer, and such officers agents and factors as may be deemed necessary, including one or more Vice Presidents. The names and addresses of the initial officers of the Corporation who

shall hold office for the first year of the Corporation are:

MARWAN EID 1133 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 President

ANTHONY MARTUCCI 1133 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 Secretary

CORNELIUS L. BENTON
1133 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33304
Vice President

#### **ARTICLE X-INTERESTED TRANSACTIONS**

No contract or other transaction between this corporation and any other corporation, and no act of this corporation, shall in any way be affected or invalidated by the fact that any of the directors of this corporation are pecuniarily or otherwise interested in, or are directors or officers of such other corporation. Any director individually, or any firm of which any director may be a member, may be a party to, or may be pecuniarily or otherwise interested in, any contract or transaction of this corporation, provided that the fact that he or such firm so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof, and any officer of such other corporation, or who is so interested may be counted in determining the existence of a quorum at any meeting of the Board of Directors of this corporation which will authorize any such contract or transaction with like force and effect as if he were not such director or officers of such other corporation, or not so interested.

### **ARTICLE XI-STOCKHOLDERS PRIVATE PROPERTY**

The private property of the stockholders shall not be subject to the payment of the

corporate debts in any extent whatever. The corporation shall have a first lien on the shares of its stockholders and upon the dividends due them for any indebtedness of such stockholders of the corporation.

### **ARTICLE XII-BY-LAWS**

This corporation shall adopt by-laws by a majority vote of the shares as voted by the shareholders.

Members of the Board of Directors or the executive committee, if any, shall be deemed present at a meeting of such board or committee if a conference, telephone or similar communication equipment by means of which all persons participating in the meeting can hear each other, is used.

The corporation may confer powers, limitations of the powers, and regulate the powers of the corporation, the directors, and the stockholders of all classes, including, but not limited to, provisions for cumulative voting for directors, a list of officers, and provisions governing the issuance of stock certificates to replace lost or destroyed certificates. The foregoing powers and limitations may be incorporated in the corporation's by-laws, or placed in the corporate minutes after authorization by a majority vote of the shares.

The corporation, as designated from time to time by the Board of Directors, or its shareholders acting in place of a Board of Directors if there be no Board of Directors, shall have the power to hold its respective directors' meetings and/or shareholders' meetings outside the State of Florida, and to keep its books (subject to statutory provisions) outside the State of Florida.

#### **ARTICLE XIII-INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office of the corporation shall be: c/o Bauman & Kanner P.

A., 7119 W. Broward Blvd., Plantation, Florida 33317; the initial Registered Agent of the corporation whose business office is at such address is David M. Bauman, Esq..

### ARTICLE XIV- INCORPORATOR

The name and street address of the incorporator is **David M. Bauman, Esq. c/o Bauman, Bauman & Kanner P. A., 7119 W. Broward Blvd., Plantation, Florida 33317.** 

The incorporator of the corporation assigns to this corporation his rights under Section 607.0201, Florida Statutes, to constitute a corporation, and he assigns to those persons designated by the board of directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

IN WITNESS WHEREOF, I, the undersigned, being the original subscriber to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true and agree to take the number of shares hereinabove set forth, and hereunto set my hand and seal this Monday, May 13, 2002.

DÁVID M. BAUMAN Incorporator

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared DAVID M. BAUMAN, who is personally known to be, or who presented <u>Drivers License</u> as identification, and he acknowledged before me that she executed the same for the purposes therein expressed. WITNESS my hand and official seal in the County and

Stated named above this Monday, May 13, 2002.

My commission expires:



Michelle M. Clapp Print name)

#### **ACCEPTANCE OF REGISTERED AGENT STATUS**

HAVING BEEN NAMED to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Date:

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SECRETARY OF STATE
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