

TRANSMITTAL LETTER

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

300008440653--4  
-10/18/02--01017--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: 21st Century Kitchens, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Michael A. Berardi

Name (Printed or typed)

12520 Equestrian Circle, Apt. 310

Address

Fort Myers, Florida 33907

City, State & Zip

239-707-9049

Daytime Telephone number

FILED  
02 OCT 18, AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# 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:

21st Century Kitchens, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12520. Equestrian Circle  
Apt. 310  
Fort Myers, Florida 33907

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail sales of kitchens

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Michael A. Berardi, President & Secretary  
12520 Equestrian Circle  
Apt. 310  
Fort Myers, Florida 33907

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael A. Berardi  
12520 Equestrian Circle  
Apt. 310  
Fort Myers, Florida 33907

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael A. Berardi  
12520 Equestrian Circle  
Apt. 310  
Fort Myers, Florida 33907

\*\*\*\*\*  
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

Signature/Incorporator

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA