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TRANSMITTAL LETTER

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

SUBJECT: Ad	vanced Cabinetry & Interior	Designs, Inc.			
	(PROPOSED CORPORA	tename – <u>Mustinc</u> i	UDESUITIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:		
□ \$70.00	□ \$78.75	\$78.75	2 \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
	Damy Day				
FROM:	Remy Pou	78-1			
Name (Printed or typed)					
	17878 N. Bay Rd. #404				
,	Address				
	•	, idal obb			
	Miami Beach, FL 33160				
,	· · · · · · · · · · · · · · · · · · ·	State & Zip			
	C.1.y,				
	305-995-2024				
•	Davtime T	elephone number			

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:

Advanced Cabinetry & Interior Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

249-E N. E. 32nd Court Oakland Park, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cabinets

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Remy Pou, President 17878 N. Bay Rd. #404 Miami Beach, FL 33160 Connie Pou, Secretary 17878 N. Bay Rd. #404 Miami Beach, FL 33160

ARTICLE VI REGISTERED AGENT

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

Connie Pou 17878 N. Bay Rd. #404 Miami Beach, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Remy Pou 17878 N. Bay Rd. #404 Miami Beach, FL 33160

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

3/5/0 3 Date