

SEP 29 MON 10:22 AM LAZARUS CORPORATION FAX: 3052201440 PAGE 1
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Florida Department of State
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FLORIDA PROFIT CORPORATION OR P.A.

W. M. CABINETS INC

Certificate of Status	0
Certified Copy	1
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HO 3000285984

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be. **W. M. CABINETS INC****ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is: **4070 N.W. 132ND STREET
BAY, A. B,
OPA LOCKA, FLORIDA 33054****ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **CARPENTRY WORK****ARTICLE IV SHARES**The number of shares of stock is: **100 SHARES @ \$ 1.00 PAR VALUE
TOTAL VALUE \$ 100.00 US DOLLARS****ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**MR. WILLIAM MALAGON, PRES, 3280 NW 132ND Terrace
OPA LOCKA, FLORIDA 33054****ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:**MR. WILLIAM MALAGON 3280 NW 132ND TERRACE
OPA LOCKA, FLORIDA 33054****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:**MR. WILLIAM MALAGON 3280 NW 132ND Terrace
OPA LOCKA, FLORIDA 33054**

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

09-26-03

Signature/Incorporator

Date

09-26-03

HO 3000285984

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03 SEP 29 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA