Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

LG KITCHEN CABINET, INC.

Certificate of Status	0
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ARTICLE OF INCORPORATION

<u>of</u>

LC KITCHEN CABINET, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

LG KITCHEN CABINET, INC.

The principal place of business of this corporation shall be:

7450 NW 74 STREET MEDLET, FLORIDA, 33166

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE TALLAHASSIE, FLORIDA

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

LENIESKIE GIZ (P.S.T.D) 6830 TAMIAMI GANAL ED. MIAMI, FLORIDA, 33126

ARTICLE VI INCORPORATOR(S)

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

LENIESKIE G12 (100 SHARES) 6830 TAMIAMI CANAL RD. MIAMI, FLORIDA, 33126

> Signature/Title LENIESKIE CIZ / PRESIDENT

> > Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 507.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The r)swe	o£	the	corporati	on is 🤄	G KITCHE	n cabini	ET, IN	rc.	
					······································			<u> </u>		·	
2.	The I).ame	and	adc	iress of t	je reż	istered	agent	ತಿಸ್ತರೆ	office	
	is			LENI	eskle giz						
	(Mame)										
	6830 TAMIAMI CANAL RD.										
	(F. O. BOX NOT ACCEPTABLE)										
					, ,,						
				MIAM	I, 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 DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I PUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.											
SIGNATURE											
					- DATE	10	/27/2003	i		·	