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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
AUTHORIZATION BY PHONE TO CORRECT ACT. 12 DATE 12 14 1 U 3 DOC. EXAM TH				

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TRANSMITTAL LETTER

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

SUBJECT: O.	line's Repair C K	itchen Installa	tion Inc.	
□ \$70.00 Filing Fee	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	OM: Robert W. Oliver Name (Printed or typed) 5308 Coronet Dr			
-	Jacksonville	ddress	-	
904-284-4281 Daytime Telephone number				

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

ARTICLES OF INCORPORATION OF

OLIVER'S REPAIR & KITCHEN INSTALLATION INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

EFFECTIVE DATE

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The name of the corporation shall be:

Oliver's Repair & Kitchen Installation Inc.

ARTICLE II - NATURE OF BUSINESS

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

ATRICLE III – CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV - ADDRESS

The street address of the initial registered office of the corporation shall be:

5308 Coronet Dr. Jacksonville, Fia. 32205

And the name of the initial Registered Agent for the corporation at that address is:

Robert W. Oliver

ARTICLE V - SPECIAL PROVISIONS

The stock of the corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have taken by the appropriate officers to accomplish this compliance.

ARTICLE VI - TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VII – LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

ARTICLE VIII - NAMES OF OFFICERS

Robert W. Oliver, President

ARTICLE IX - EFFECTIVE DATE

The effective date of the incorporation will be January 1, 2004.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 20^{TH} day of November, 2003.

State of Florida)

State of Florida)

State of Florida)

State of Florida)

The foregoing instrument was acknowledged by me this 19 day of who is/are personally known by me or who has/have produced:

With the control of Clay who is/are personally known by me or who has/have produced:

Notary Public State of Florida

My Commission Expires:

My Commission DD264086
Expires November 02, 2007

DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida.

Oliver's Repair & kitchen installation Inc.

A corporation organizing under the laws of the State of Florida, with its principal offices located at:

5308 Coronet Drive Jacksonville, Fla. 32205

Has named Robert W. Oliver, whose address is 5308 Coronet Drive, Jacksonville, Fla. 32205, as its Agent to accept service of process within this state.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name, and any other officers of said corporation authorized to accept service of process at the above designated address, in some conspicuous place in the office as required by law.

Registered Agent:

Reflect W Classe.

State of Florida)

Ss.

County of Clay)

The foregoing instrument was acknowledged by me this 19 day of November, who is/are personally known by me or who has/have produced as identification and who did take an oath.

SEAL)

Notary Public

State of Florida

My Commission Expires:

