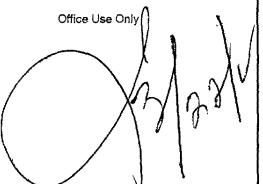
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				





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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: Crosby Cabinets and Trim, Inc (Proposed corporate name - must include suffix)						
Enclosed is an original for: \$70.00 Fing Fee	178.75 Filing Fee	\$122.50 Filing Fee	[]\$131.25 Filing Fee,	f a check		
_	& Certificate	& Certified Copy	Cerified Copy & Cerificate			
FROM:	Randy (Crosby				
	Name (printed or typed)		14	*		
	P.O. Box 361					
		Address				
	Lithia,	F1. 33547				
		City, State & Zip		•		
,	813-737	-5382 ⁻¹	······································			

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

ARTICLES OF INCORPORATION SECRETARY OF STATE OF THE PROPERTY OF THE PROPER

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

ARTICLE I NAME

The name of the corporation shall be: ~ Crosby Cabinets and Trim Inc.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 361

Lithia, Fl. 33547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Randy Crosby 2625 Nichols Rd Lithia, Fl. 33547

ARTICLE V INCORPORATOR(S)

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

Randy Crosby 100%

2625 Nichols Rd Lithia, Fl. 33547

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2) day of 7.6 19.2004

Ramble W. Cosley

Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 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 name of the corporation is: <u>Crosby Cabinets and Trim. Inc.</u>
	and the state of t
2.	The name and address of the registered agent and office is:

Randy Krosby		,
(Name)	ZDON SECH ALLA	
2625 Nichols Rd	THE T	
(P.O. Box not acceptable)	ARY O SSEE.	4
Lithia, FL. 33547	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
(City/State/Zip)	URIDA STATE CORIDA	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

handleff lively 2.21-04 (Date)