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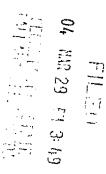
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## TRANSMITTAL LETTER

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

SUBJECT:	Bill's Ci	ABINET T	REE IN	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	Status	
FROM:	WILLIAM B. SCHARES  Name (Printed or typed)			
	1407 CHILEAN LANE Address WINTER BARK F. 32792 City, State & Zip			
		- <u> </u>	3	

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

The name of the corporation shall be:

Bill's Cabinet Tree Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

William B Schares 1407 Chilean Lane Winter Park, Fl. 32792

President

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is:

Cabinet Sales

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ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William B Schares 1407 Chilean Lane Winter Park, Fl. 32792 President

ARTICLE VI REGISTERED AGENT

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

William B. Schares 1407 Chilean Lane Winter Park, Fl. 32792

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

William B. Schares 1407 Chilean Lane Winter Park, Fl. 32792

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

William B. Schares

Signature/Incorporator

William B. Schares