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Florida Department of State
Division of Corporations
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To:

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

cabinet one, inc.

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ARTICLES OF INCORPORATION
OF

CABINET ONE, INC.

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

ARTICLE I NAME

The name of the corporation
CABINET ONE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1720 SW 7TH AVENUE #8 & 9
POMPANO BEACH, FL 33060
ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

LUKE VODOPIA
1720 SW 7TH AVENUE, #8 & 9
POMPANO BEACH, FL 33060

ARTICLE V INCORPORATOR(S)

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

LUKE VODOPIA
1720 SW 7TH AVENUE, #8 & 9
POMPANO BEACH, FL 33060

The undersigned has 22ND day of OCTOBER, 2004.

L Vodia
SIGNATURE & TITLE DATE

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:
CABINET ONE, INC.
2. The name and address of the registered agent and office is:

LUKE VODOPIA
1720 SW 7TH AVENUE #8 & 9
POMPANO BEACH, FL 33060

SIGNATURE L Vodo
(corporate officer)

TITLE _____

DATE _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.

SIGNATURE L Vodo

DATE _____

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