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## Florida Department of State

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 04 OCT 26 AM II: 32 SECRETARY OF STATE TAIL THASSEE, FLORIDA

### FLORIDA PROFIT CORPORATION OR P.A.

#### ROYAL KITCHEN CABINETS, INC.

Certificate of Status	D
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#### ARTICLES OF INCORPORATION OF

#### ROYAL KITCHEN CABINETS. INC.

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

ARTICLE I NAME

The name of the corporation shall be:

ROYAL KITCHEN CABINETS, INC.

The principle place of business of this corporation shall be:

1069 NW 1ST COURT

HALLANDALE, FL. 33009

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 States, the State of Florida, or may other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares 15 per value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpentally.

ARTICLE V OFFICERS, DIRECTORS

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

Emil Maika 19620 NE 18 Place Miami, FL 33179

ARTICLE VI INCORPORATORS(S)

The name and street address of the incorporator to this Articles of Incorporation is:

1069 NW 1\* Court Hallandate, FT, 330(9)

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25 day of October 2004

SIGNATURE OF INCORPORATOR

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607,325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent / registered office, in the State of Florida.

 The name and address of the registered agent and office is: Emil Malka 1069 NW 1st Court Hallandzie, Fl. 33009

HAVING REEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE (0 - 25

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