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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

### FLORIDA PROFIT CORPORATION OR P.A.

#### horizon cabinets inc.

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# CRUNE WHIT OF STATE TALLAHASSEE, FLORIDA

<u>-ر</u> -

#### ARTICLE OF INCORPORATION

of

HORIZON CABINETS INC.

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

#### ARTICLE I NAME

The name of the corporation shall be: HORIZON CABINETS INC.

The principal place of business of this corporation shall be: 1903 NW. 22 ST. MIAMI,FL.33142

#### ARTICLE II MATURE OF BUSINESS

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

#### ARTICLE III CAPITAL STOCK

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

 $100 \times $10.00 = $1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

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

LAZARO CARDENAL 1903 NW. 22 ST. MIAMI, FL. 33142 DIRECTOR

#### ARTICLE VI INCORPORATOR(S)

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

LAZARO CARDENAL 1903 NW. 22 ST. MIAMI, FL. 33142 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 17 th. day of January ,2005.

Signature/Title

Signature/Title

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### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 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:
	HORLZON CABINETS INC.
2.	The name and address of the registered agent and office
	is LAZARO CARDENAL
	(Name)
	1903 NW. 22 ST.
	(P. O. BOX NOT ACCEPTABLE)
	MIAMI, FLORIDA 33142
	(CITY/STATE/ZIP)
HAV:	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF :	Process for the above stated corporation at the place desi registered agent and agree to act in this capacity. I fur
THE	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
REL	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES
	I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITION AS MY FOSITION AS REGISTERED AGENT.
× 00.	THOU AS MI PUBLISHED AGENT.
	medical in
	signature / Millian
	DATE 1-17-05