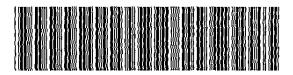
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SECRETARY OF STATE SECRETARY OF STATE

T. SPECT JUN O TO

TRANSMITTAL LETTER

*,

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

SUBJECT	: OLYMPIA CABINET DESIGN, CORP (Proposed corporate name - must include suffix)				
Enclosed	is an origi	inal and one (1) copy of	the articles of incorp	oration and a check	
for:		(.,		***************************************	
	□ \$70.00 Filing Fe	■ \$78.75 ee Filing Fee & Certificate	□ \$122.20 Filing Fee & Certified Copy	 \$131.25 Filing Fee, Certified Copy & Certificate 	
	FROM:	ELICER GALLARDO Name (Printed or types	(t		
		5421 NW 176 Street Address			
		Miami, Florida 33055 City, State & Zip			
		(305) 479 1627 Daytime Telephone Nu	ımber		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 27, 2005

ELICER GALLARDO 5421 NW 176 STREET MIAMI, FL 33055

SUBJECT: OLYMPIC CABINETS DESIGN, CORP.

Ref. Number: W05000026585

We have received your document for OLYMPIC CABINETS DESIGN, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In accordance with Title 36, section 380, U.S. Code, we cannot accept an entity using the word OLYMPIC or OLYMPIAD without written approval from:

U.S. OLYMPIC COMMITTEE 1750 E. Boulder St. Attn: Legal Dept. Colorado Springs, CO 80909 (719)866-4563.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 805A00038111

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

OLYMPIA CABINET DESIGN, CORP

ARTICLE II

Principal place of business and mailing address

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

5421 NW 176 Street

Miami, Forida 33055

ARTICLE III
Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV

The officers of the corporation shall be:

President: Elicer Gallardo
Secretary: Elicer Gallardo
Treasurer: Elicer Gallardo

Filing Fee &

CERTIFICATE: \$

\$78.75

ARTICLE V

Limitation of Corporate Powers

The corporate powers of the corporation are as provided in Section 607 Florida Statutes, unless limited as follows:

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

ARTICLE VI

Initial registered agent and street address
The name and the street address of the initial registered agent is:

ELICER GALLARDO

. . . .

	""	
	5421 NW 176 Street	
_	Miami, Florida 33055	
The name(s) and incorporation is (officers/directors corporator(s) for these articles of
_	ELICER GALLARDO	•
	5421 NW 176 Street	
_	Miami, Florida 33055	
outstanding at ar The undersigned	day of 2005.	tion is authorized to have
8. t	Indlada	incorporator signing
<u></u>	Typed name of	incorporator signing
············	Typed name of	incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER 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:	OLYMPIA CABINET DESIGN, CORP			
	(must include suffix)			
2. The name and address of the register	ered agent and office is:	SA	9	
ELICER GAL	LLARDO	ES	ہن چیو	
	(Name)	美四	₹-6	
		SSAR	4	j
(Street address - P.O. Box	or Mail Drop Box NOT acceptable)	E,O		(
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5421 NW 17		유공	••	
(Ci	ity/State/Zip)	DE F	ည္တ	
Having been named as registered agent stated corporation at the place designs appointment as registered agent and a comply with the provisions of all status performance of my duties, and I am fair position as registered agent.	ated in this certificate, I hereby accept gree to act in this capacity. I further a tes relating to the proper and complete	the gree to	ve	
(Signature)	(Date)			