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TRANSMITTAL LETTER

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

SUBJECT: TRINITY CARPENTRY CONCEPT (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	check for:			
\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
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NOTE: Please provide the original and one copy of the articles.

FILED ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 05 JUL 14 AMII: 13 The name of the corporation shall be: CARPENTRY CONCEPT, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 13680 N.W 19 AV # 13 ORA LOCKA R: ARTICLE III PURPOSE The purpose for which the corporation is organized is: CABINET SHOP ARTICLE IV SHARES 100 SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SMITH STANIET K. OWNER. 72310 GARFIELD STHI HOWY WOOD FL. 33020 MAMAE E. SMITH 2310 GARREUS STAPPOWN REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: STANLEY, K, & PAVLAMAE.E. N.W. 19AN # 13 OPLATETICA INCORPORATOR The name and address of the Incorporator is: STANLET K. SMITH (SAME AS ABOVE) 1.3680 NW 19 Ave #13 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

MUL July 11 - 2003 Signature/Incorporator Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent