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FLORIDA PROFIT CORPORATION OR P.A.

Anthony's Carpentry Inc.

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9/7/2005

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ARTICLES OF INCORPORATION

05 SEP

THE undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

The undersigned incorporator(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Anthony's Carpentry Inc.

ARTICLE II PRINCIPAL OFFICE

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

Anthony's Carpentry Inc. 425 W. Laurel Road Nokomis, FL 34275

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Anthony Sloginski 425 W. Laurel Road Nokomis, FL 34275

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Anthony Sloginski - President 425 W. Laurel Road Nokomis, FL 34275

ARTICLES VI INCORPORATOR(S)

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

Anthony Sloginski 425 W. Laurel Road Nokomis, FL 34275

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Anthony Stainski - Signature

23rd day of <u>August</u> 2005.

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CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the register	and agent and affine in	
2. The name and address of the register	ed agent and office is:	7 5 G
	Anthony Sloginski	留日
	Name	四十三
	425 W. Laurel Road	Prog. 22 C
	(P.O. Box or Mail Drop Box NOT Acceptable)	TO 5
	Nokomis, FL 34275 (City / State / Zip)	85 53
	• • • •	
agent and agree to act in this capaci	in this certificate, I hereby accept the appointment ty. I further agree to comply with the provisions of performance of my duties, and am familiar with a red agent.	f all the statutes
	•	
Andry Steguster .	August 23, 2	005
Anthony Sloginski	(Date)	
SIGNATURE		