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| Certified Copies                        | _ Certificates         | of Status |
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| Special Instructions to Filing Officer: |                        |           |
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### TRANSMITTAL LETTER

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

| SUBJECT:             | American Cabinet Company Inc.         |                                |   |
|----------------------|---------------------------------------|--------------------------------|---|
|                      | (PROPOSED CORPORA                     | ATE NAME – <u>MUST INCL</u>    | <u>ude Suffix</u> )                         |
| Enclosed are an orig | inal and one (1) copy of the art      | ticles of incorporation and    | l a check for:                              |
| □ \$70.00            | <b>☒</b> \$78.75                      | □ \$78.75                      | ☐ \$87.50                                   |
| Filing Fee           | Filing Fee<br>& Certificate of Status | Filing Fee<br>& Certified Copy | Filing Fee, Certified Copy & Certificate of |
|                      |                                       | ADDITIONAL CO                  | Status DPY REQUIRED                         |
| FROM:                | Michael Steen                         | e (Printed or typed)           |   |
|                      |                                       | ( ( innea or specie)           |   |
| -                    | PO Box 243                            | Address                        | <del></del> -                               |
| -                    | Auburndale FL 33                      | 823<br>, State & Zip           | i gg di                                     |
| -                    | Davtime '                             | Telephone number               |   |

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

#### ARTICLES OF INCORPORATION

OF

American Cabinet Company Inc.



THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

### Article I Identification

The name of the corporation, hereinafter referred to as the "Corporation," is American Cabinet Company Inc.

### Article II Period of Existence

The period during which the corporation shall continue is perpetual.

## Article III Registered Office and Registered Agent

The address of the initial registered office of the Corporation is 408 Cypress Gardens Blvd SE, Winter Haven FL 33880-4453 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Michael J Steen, 408 Cypress Gardens Blvd Se, Winter Haven FL 33880-4453. The mailing address for the Corporation is P O Box 243, Auburndale FL 33823.

### Article IV Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

### Article V Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

### Article VI Incorporator's Address

The name and post office address of the Incorporator(s) and initial Director(s) of the Corporation is as follows:

| President:<br>Michael J Steen<br>PO Box 243<br>Auburndale FL 33823 |                                       |
|--|---------------------------------------|
|  | his Article of Incorporation shall be |
|  |                                       |

STATE OF FLORIDA ) COUNTY OF POLK )

The forgoing Articles of Incorporation were acknowledged before me, this , 2005.

NOTARY PUBLIC State of Florida

My Commission Expires:

CAROL D. LAMONS
A ARY PUBLIC STATE OF FLORIDA
COMMISSION # DD205256
EXPIRES 06/15/2007
GONDED THRU 1-888-NOTARY1

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this article, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

SECRETARY OF STATE