

16 Sep 2005 16:30

A1A#CORPORATE#SERVICES

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Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Crim de' la Crim Cabinetry Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

CRIM DE' LA CRIM CABINETRY INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2045 ERVING CIRCLE APT. 2-101  
OCOE, FL 34761FILED  
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TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers:

**PRESIDENT**

TRISTAN CRIM

2045 ERVING CIRCLE APT. 2-101  
OCOE, FLORIDA 34761

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PAGE 2 CRIM DE' LA CRIM CABINETRY INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

TRISTAN CRIM  
2045 ERVING CIRCLE APT. 2-101  
OCOE, FLORIDA 34761

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

TRISTAN CRIM  
2045 ERVING CIRCLE APT. 2-101  
OCOE, FLORIDA 34761

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TALLAHASSEE, FLORIDA

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

Tristan Crim  
Signature / Registered Agent

9/11/05  
Date

Tristan Crim  
Signature / Incorporator

9/11/05  
Date

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