

**PA500014443**

Florida Department of State  
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

2005 OCT 24 P 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**William Morris Cabinet Crafts Inc.**

Certificate of Status	0
Certified Copy	0
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10-25-05

10/22

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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:

WILLIAM MORRIS CABINET CRAFTS INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9752 VINEYARD CT.  
BOCA RATON, FL 33428

**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:

10000 COMMON SHARES PAR VALUE \$1.00

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

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

Director, President: ARLENE M. FREEDMAN  
9752 VINEYARD CT.  
BOCA RATON, FLORIDA 33428

Director, Treasurer: WILLIAM SEGAL  
9752 VINEYARD CT.  
BOCA RATON, FLORIDA 33428

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PAGE 2 WILLIAM MORRIS CABINET CRAFTS INC.

**ARTICLE VI REGISTERED AGENT**

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

WILLIAM SEGAL  
9752 VINEYARD CT.  
BOCA RATON , FLORIDA 33428

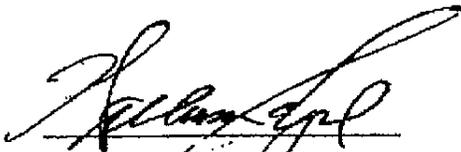
**ARTICLE VII INCORPORATOR**

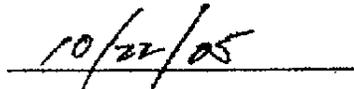
The name and Florida street address of the incorporator is:

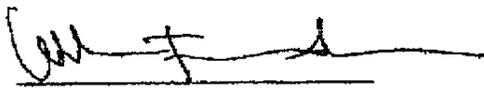
ARLENE M. FREEDMAN  
9752 VINEYARD CT.  
BOCA RATON, FLORIDA 33428

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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.

  
\_\_\_\_\_  
Signature / Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature / Incorporator

  
\_\_\_\_\_  
Date

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