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Steven J. Richey, P.A.

Steven J. Richey Attorney & Counselor at Law

June 2, 2006

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32301

Re: Summers Services Cabinetry, Inc.

Dear Sirs:

Enclosed herewith is an original and a duplicate copy of Articles of Incorporation for the above referenced corporation for your consideration and filing if same meets with your approval.

Also enclosed is a check in the amount of \$78.75 representing the filing fee, resident agent fee and fee for a certified copy of the Articles. When filed, I would appreciate your furnishing me with a certified copy of the Articles of Incorporation.

Thank you for your assistance in this matter.

Sincerely,

DONNA D. RICHEY

Legal Assistant to STEVEN J. RICHEY

DDR/dmh Enclosures

601 South 9th Street(34748) * Post Office Box 492460 * Leesburg, FL 34749-2460 *

ARTICLES OF INCORPORATION

OF

SUMMERS SERVICES CABINETRY, INC.

The undersigned incorporators hereby associate themselves together to form a corporation under Chapter 607, Florida Statutes.

ARTICLE I

NAME

The name of the corporation is SUMMERS SERVICES CABINETRY, INC. and its principal place of business is 2047 Pine Ridge Dairy Road, Fruitland Park, Florida 34731, with a mailing address of 2047 Pine Ridge Dairy Road, Fruitland Park, Florida 34731.

ARTICLE II

GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is to operate a cabinetry business an activity for which corporations may be incorporated under Chapter 607, Florida Statutes.

<u>ARTICLE III</u>

CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have the authority to issue is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

TERM OF EXISTENCE

This corporation shall begin its existence on the day these Articles of Incorporation are filed by the Secretary of State of the State of Florida, and shall exist perpetually.

ARTICLE V

ADDRESS OF INITIAL REGISTERED OFFICE AND NAME OF INITIAL REGISTERED AGENT

The initial registered office of this corporation and the name of its initial registered agent at such address are:

STEVEN J. RICHEY, ESQUIRE Steven J. Richey, P.A. 601 South Ninth Street Post Office Box 492460 Leesburg, FL 34749-2460

ARTICLE VI

OFFICERS

The names and post office addresses of each of the officers of the corporation are:

PRESIDENT:

Gregory Summers

2047 Pine Ridge Dairy Road Fruitland Park, FL 34736

VICE PRESIDENT:

Bryan K. Summers

2047 Pine Ridge Dairy Road Fruitland Park, FL 34736

SECRETARY:

Sandy Summers

2047 Pine Ridge Dairy Road Fruitland Park, FL 34731

TREASURER:

Jacqueline A. Summers 2047 Pine Ridge Dairy Road Fruitland Park, FL 34731

ARTICLE VII

INCORPORATORS

The name and address of each of the incorporators are:

<u>Name</u>

Gregory Summers

<u>Address</u>

2047 Pine Ridge Dairy Road Fruitland Park, FL 34731

Bryan K. Summers

2047 Pine Ridge Dairy Road Fruitland Park, FL 34731

ARTICLE VIII

AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law.

ARTICLE IX

BYLAWS

The power to adopt, amend or repeal the Bylaws shall be reserved to the Shareholders of this corporation.

ARTICLE XI

INDEMNIFICATION

The corporation shall indemnify each officer and director, including former officers and directors, to the full extent permitted by law.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this ____ day of May, 2006.

GREGORY SUMMERS

BRYAN K. SUMMERS

STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GREGORY SUMMERS who is personally known to me to be the person described in (yes/no) or who produced _____ as identification, and who executed the foregoing document, and who acknowledged before me that he executed the same for the uses and purposes set forth therein.

WITNESS my hand and official seal in the State and County last aforesaid this 2

عساد day of May, 2006.

DeLaine M. Henderson
Commission # DD523098
Expires May 1, 2010
Bonded Troy Fain - Insurance, Inc. 800-385-7019

Signature of Notary
Print Name of Notary

NOTARY PUBLIC STATE OF FLORIDA

STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BRYAN K. SUMMERS who is personally known to me to be the person described in (yes/no) or who produced _____ as identification, and who executed the foregoing document, and who acknowledged before me that he executed the same for the uses and purposes set forth therein.

WITNESS my hand and official seal in the State and County last aforesaid this ____ day of May, 2006.

Joyce R Russell
My Commission DD338083
Expires Sentember 24, 2008

Signature of Notary
Print Name of Notary

NOTARY PUBLIC STATE OF FLORIDA

ACKNOWLEDGMENT:

Having been named to accept service of process for the above corporation at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

STEVEN J. RICHEY, ESQUIRE REGISTERED AGENT

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