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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

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FLORIDA PROFIT/NON PROFIT CORPORATION

CUSTOM CABINETS AND REMODELING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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11/2/2006

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CUSTOM CABINETS AND REMODELING, INC., A FLORIDA CORPORATION

ARTICLE IL PRINCIPAL OFFICE

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

12445 EQUINE LANE, WELLINGTON, FLORIDA 33414

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Barry M. Sickles, Esq.

3300 University Drive, Suite 712, Corel Springs, Florida 33065

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation ere:

RICHARD COHEN

12445 EQUINE LANE, WELLINGTON, FLORIDA 33414

ARTICLE VI INITIAL DIRECTORS OF THE CORPORATION

President: RICHARD COHEN

12445 EQUINE LANE, WELLINGTON, FLORIDA 33065

Vice President:

LAURENCE LAROSA

600 ENCLAVE CIRCLE WEST, PEMBROKE PINES, FLORIDA 33027

ARTICLE XI PURPOSE

The purpose of this Corporation is providing cabinet, drywall and remodeling services

OS MA S MADES

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BARRY M STCKLES ESQ

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(2)

Signature/Incorporator RICHARD COHEN

Date: OCTOBER 9, 2006

10-9-06

(An additional article must be added if an effective date is requested.)

Having been named as registered agent ant to accept service of process for the above stated corporation at the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered/Age

Barry M. Sickles, Esq.

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