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Examiner's Initials

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION, FOR THE PURPOSE OF FORM CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACE HEREBY ADOPTS

ARTICLE I NAME

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THE NAME OF THE CORPORATION SHALL BE: ONLY WOOD CARPENTRY, INC.

ARTICLE II- PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE: 5279 NW 112TH WAY CORAL SPRING, FL 33076

ARTICLE III-SHARES
THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS> 100 SHARES

ARTICLE IV-INITIAL REGISTERED AGENT AND STREET ADDRESS:

5279 NW 112TH WAY CORAL SPRING, FL 33076

FRANK DESCHAMPS

ARTICLE V---INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS: FRANK DESCHAMPS 5279 NW 112TH WAY CORAL SPRING, FL 33076

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 02 MAY 2008

SIGNATURE

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PAGE 2 ONLY WOOD CARPENTRY, INC. ARTICLES VI-DIRECTORS

THE NAMES AND STREET ADDRESSES O THE DIRECTORS TO THESE ARTICLES OF INCORPORATION ARE:

FRANK DESCHAMPS 5279 NW 112TH WAY CORAL SPRINGS, FL 33076 PRESIDENT—TREASURER

MARGARITA DESCHAMPS 5279 NW 112TH WAY CORAL SPRINGS FL 33076 VICE-PRESIDENT AND SECRETARY

ARTICLES VII

THE GENERAL NATURE OF BUSINESS TO BE TRANSACTED BY THIS CORPORATION IS AS FOLLOW:

SPECIALING IN FINE CUSTOM KITCHEN CABINETRY, WALL UNITS, CLOSETS AND BARS.

SECTION 1 TO PURCHASE THE CORPORATE ASSETS OF ANY OTHER CORPORATION AND ENGAGE IN THE SAME OR OTHER CHARACTERS OF THE BUSINESS.

SECTION 2 THIS CORPORATION SHALL HAVE ALL THE GENERAL POWERS TOGETHER WITH ALL THE ASSITIONAL AND SPECIFIC POWERS GRANTED BY THE LAWS OF THE STATE OF FLORIDA, AS WELL AS ALL IMPLIED IN CARRYING OUT THE FOREGOING EXPRESS PURPOSES.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 LF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFOMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

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