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To: Division of Corporations  
Fax Number : (850) 617-6361

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 538-1575

*Heather x2908*

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ATLANTIC MICA & SUPPLIES, INC.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF  
ATLANTIC MICA & SUPPLIES, INC.**

**ARTICLE I**

**NAME**

The name of this Corporation shall be:

**ATLANTIC MICA & SUPPLIES, INC.**

**ARTICLE II**

**PURPOSE**

This Corporation is organized for the purpose of **WHOLESALE CABINET  
SUPPLIES** and transacting any and all lawful business.

**ARTICLE III**

**CAPITAL STOCK**

Corporation is authorized to issue 3500 shares of \$ 1 par value common stock.

**ARTICLE IV**

**INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT**

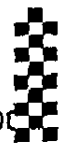
The street address of the initial principal office of this Corporation is:

**966 SW 12<sup>TH</sup> AVENUE  
POMPANO BEACH, FL 33069**

and the name of the initial registered agent of this Corporation

at the above address is:

**PHILIP HATT**



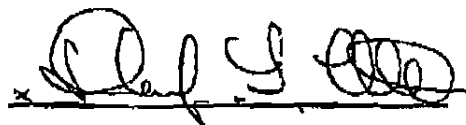


**ARTICLE VIII**

**AMENDMENT**

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on this 23<sup>RD</sup> day of December, 2008.



State of Florida  
County of Broward

I hereby certify that on this 23<sup>RD</sup> day of December, 2008, PHILIP HATT appeared before me, the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.

  
Notary Public

Seal:



RICK M. MORSE  
MY COMMISSION # DD 226740  
EXPIRES: November 8, 2012  
Bonded thru Budget Notary Services

**CERTIFICATE DESIGNATION**  
**PLACE OF BUSINESS OR DOMICILE .**  
**FOR THE SERVICE OF PROCESS WITHIN FLORIDA.**  
**NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida Statutes, the following is submitted;

**ATLANTIC MICA & SUPPLIES, INC.**

desiring to organize or qualify under the laws of the State of Florida,  
with its principal place of business in the city of **POMPANO BEACH**  
has named **PHILIP HATT**

located at **966 SW 12<sup>TH</sup> AVENUE,**  
**POMPANO BEACH, FL 33069**

as its agent to accept service of process within Florida.

Corporate officer ☒ 

Title President

Date 12-23-08

Having been named to accept service of process for the above stated  
Corporation, at the place designated in this certificate, 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.

Corporate officer ☒ 

Date 12-23-08

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