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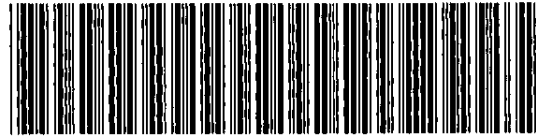
(Business Entity Name)

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DIVISION OF CORPORATIONS
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B. KOHR

JAN 18 2011

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Place For Kitchens and Baths Inc.

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Signature _____

Requested by: SETH

01/18/11 10:25

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
☒ _____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

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: The Place For Kitchens and Baths Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 285 SE Mizner Blvd #43
Boca Raton
FL 33432
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: design of kitchens, bathrooms, libraries
sale of cabinetry, countertops, material for
backsplashes, sinks, faucets, cabinet hardware

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Barbara C. Geller</u> Address: <u>President</u> <u>3589 Saint Ocean Blvd</u> <u>Palm Beach FL</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>Barbara C. Geller</u> Address: <u>Secretary</u> <u>Same as above</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>Barbara C. Geller</u> Address: <u>Treasurer</u> <u>Same as above</u>	Name and Title: _____ Address: _____ _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Laurie Padgugala CPA
Address: CCRLP
111 N. Orange Ave Suite 1100
Orlando Florida 32801

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Barbara C. Geller
Address: 3589 Saint Ocean Blvd #109
Palm Beach FL

Having been named as registered agent to accept service of process for the above stated 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

Laurie A Padgugala
Required Signature/Registered Agent

1/12/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Barbara C. Geller
Required Signature/Incorporator

1/12/2011
Date