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| From: | | | 1.5 | 1 9 |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC | : | HAY |
| | | : I20000000019 | | ~ |
| | Phone | : (305)552-5973 | | 00 |
| | Fax Number | : (305)675-5944 | | ~ |
| | | | - <u>:</u> : | - |
| **Enter 1 | the email address | s for this business entity to be used for | re fliffile | يد |
| ann | ual report maili | ngs. Enter only one email address pleas | A 44 | ٠ |

FLORIDA PROFIT/NON PROFIT CORPORATION SOS FINISH CARPENTER INC

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Electronic Filing Menu

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Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

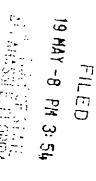
This is to advise that the owners of

CARPENTER INC

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is:

Required Signatures:

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

Registered Agent 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.

Incorporator Date