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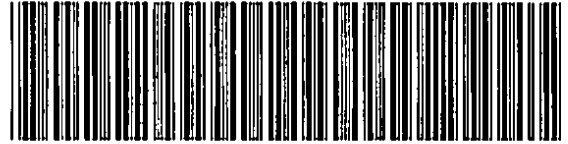
(Business Entity Name)

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STATE

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: DOMESTICATION OF A FOREIGN CORPORATION
ALLIANCE CABINETRY SERVICES, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: RAYMOND B. KILGORE
Name (printed or typed)
212 GAUTIER MEMORIAL LN.
Address
PORT ST. JOE, FL 32456
City, State & Zip
(850) 227-8228
Daytime Telephone Number

bkilgore@alliancecabinetryservices.com
E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, RAYMOND B. KILGORE, PRESIDENT
(Name) (Title)

of ALLIANCE CABINETRY SERVICES, INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is ALLIANCE CABINETRY
SERVICES, INC.
(Foreign Corporation)
2. The jurisdiction and date of its formation is COMMONWEALTH OF VIRGINIA
JANUARY 4, 2011
3. The name of the domesticated corporation is ALLIANCE CABINETRY
SERVICES, INC.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Raymond B. Kilgore
(Authorized Signature)

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ALLIANCE CABINETS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

212 GAUTIER MEMORIAL LN

212 GAUTIER MEMORIAL LN.

PORT ST. JOE, FL 32456

PORT ST. JOE, FL 32456 - 2387

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

RAYMOND B. KILGORE

212 GAUTIER MEMORIAL LN.

PORT ST. JOE, FL 32456 - 2387

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Raymond B. Kilgore
Signature/Registered Agent

5/24/2022
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: RAYMOND B. KILGORE
Address: PRESIDENT

212 GAUTIER MEMORIAL LN
PORT ST. JOE, FL 32456

Name & Title: SUZANNE D. KILGORE
Address: VICE PRESIDENT

212 GAUTIER MEMORIAL LN.
PORT ST. JOE, FL 32456

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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CLERK OF STATE

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Raymond B. Kilgore
Signature/Authorized Person

5/24/2022
Date