

P950000089/3
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Attorneys at Law

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Geoffrey B. Dobson
Pauli A. Christensen
Ronald W. Brown

January 26, 1995

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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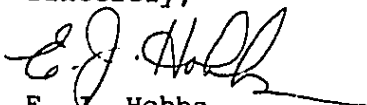
RE: Innovative Cabinet Concepts, Inc.

Dear Reader:

Enclosed please find the executed Articles of Incorporation for Innovative Cabinet Concepts, Inc. Also find enclosed our firm check in the amount of \$122.50 as the filing fee.

Please file accordingly. If you have any questions, please call. Thank you for your assistance in this matter.

Sincerely,



E. B. Hobbs
Secretary to
Ronald W. Brown

/ejh
Enclosures

2/6/95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 30 PM 2:29
FBI

**ARTICLES OF INCORPORATION
OF
INNOVATIVE CABINET CONCEPTS, INC.**

THE UNDERSIGNED, acting hereby as Incorporators for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of a corporation for profit, pursuant to Chapter 607, Florida Statutes, and other applicable law, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation shall be **INNOVATIVE CABINET CONCEPTS, INC.**

ARTICLE II

ADDRESS AND REGISTERED OFFICE

The street address, principal place of business and registered office of this corporation is hereby designated to be 4255 A1A, South, Suite #10, St. Augustine, Florida 32084, and such principal place of business and registered office may be changed in accordance with the By-Laws of the corporation or by appropriate action of the Board of Directors. The initial Registered Agent of this corporation whose business office is the same as the registered office is hereby designated to be **VICKI D. PAULIS**.

ARTICLE III

NATURE OF BUSINESS

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV

BY-LAWS

The corporation may in its By-Laws make any other provisions or requirements for the management or conduct of the business of the corporation, provided

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

the same is not inconsistent with the provisions of this certificate, or contrary to the laws of this State or of the United States.

ARTICLE V

CAPITAL STOCK

The aggregate number of shares which this corporation has authority to issue is one hundred (100), all of which shall be common shares with par value of One and No/100ths (\$1.00) Dollar per share.

ARTICLE VI

INITIAL CAPITAL

The amount of capital with which this corporation shall commence business shall be one Hundred and No/100ths (\$100.00) Dollars.

ARTICLE VII

TERM OF EXISTENCE

This corporation shall have a perpetual existence unless sooner dissolved according to law.

ARTICLE VIII

DIRECTORS

This corporation shall initially have two (2) directors. The number of directors may be increased from time to time in accordance with the provisions of the corporation by-laws adopted by the stockholders. The names and addresses of the first directors are:

<u>NAME</u>	<u>ADDRESS</u>
JAMES ROSS OLIVER, JR.	4255 A1A, South, #10 St. Augustine, FL 32084
VICKI D. PAULIS	4255 A1A, South, #10 St. Augustine, FL 32084

ARTICLE IX

OFFICERS

This corporation shall consist of the following officers: President, Vice-President, Secretary & Treasurer. The officers of this corporation need not be stockholders.

ARTICLE X

INCORPORATORS

The names and addresses of the incorporators are:

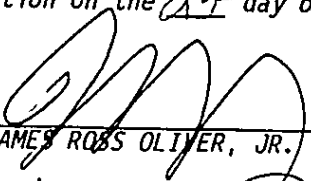
<u>NAME</u>	<u>ADDRESS</u>
JAMES ROSS OLIVER, JR.	4255 A1A, South, #10 St. Augustine, FL 32084
VICKI D. PAULIS	4255 A1A, South, #10 St. Augustine, FL 32084

ARTICLE XI

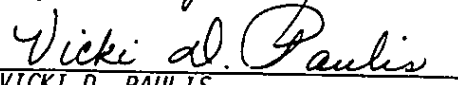
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the directors proposed by them to the stockholders, and approved at a stockholders meeting by a majority of the stockholders entitled to vote thereon.

IN WITNESS WHEREOF, the undersigned have made and subscribed to the foregoing Articles of Incorporation on the 22nd day of January, A.D., 1995.



JAMES ROSS OLIVER, JR.



VICKI D. PAULIS

STATE OF FLORIDA
COUNTY OF ST. JOHNS:

I, the undersigned, an officer authorized to administer oaths and take acknowledgments in and for the State of Florida, do hereby certify that on the

23rd day of January, 1995, personally came before me, **JAMES ROSS OLIVER, JR.**, the party who signed the foregoing Articles of Incorporation, and acknowledged to and before me under oath that he executed the same as his free act and deed, for the uses and purposes therein set forth. **JAMES ROSS OLIVER, JR.**, who is known to me or who has furnished a Valid Florida Driver License as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at St. Augustine, St. Johns County, Florida, the day and year aforesaid.

VALERIE K. EVANS
Notary Public, State of Florida
My Comm. expires April 29, 1997
Comm. No. CC281644

Valerie K. Evans
Notary Public, State of Florida
My Commission Expires: _____

STATE OF FLORIDA
COUNTY OF ST. JOHNS:

I, the undersigned, an officer authorized to administer oaths and take acknowledgments in and for the State of Florida, do hereby certify that on the 23rd day of January, 1995, personally came before me, **VICKI D. PAULIS**, the party who signed the foregoing Articles of Incorporation, and acknowledged to and before me under oath that she executed the same as her free act and deed, for the uses and purposes therein set forth. **VICKI D. PAULIS**, who is known to me or who has furnished a Valid Florida Driver License as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at St. Augustine, St. Johns County, Florida, the day and year aforesaid.

VALERIE K. EVANS
Notary Public, State of Florida
My Comm. expires April 29, 1997
Comm. No. CC281644

Valerie K. Evans
Notary Public, State of Florida
My Commission Expires: _____

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

FILED
95 JAN 30 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted,
in compliance with said Act:

That INNOVATIVE CABINET CONCEPTS, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at City of St. Augustine, County of St. Johns, State of Florida, has named VICKI D. PAULIS located at 4255 A1A, South, #10, St. Augustine, County of St. Johns, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Vicki D. Paulis
VICKI D. PAULIS

(Resident Agent)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000008913**

1. Corporation Name

INNOVATIVE CABINET CONCEPTS, INC.

Principal Place of Business

**4255 A1A SOUTH STE. 10
ST. AUGUSTINE FL 32084**

Mailing Address

**4255 A1A SOUTH STE. 10
ST. AUGUSTINE FL 32084**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1985

5. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	OLIVER, JAMES R JR.	4255 A1A SOUTH STE. 10	ST. AUGUSTINE FL 32084
D	PAULUS, VICKI D	4255 A1A SOUTH STE. 10	ST. AUGUSTINE FL 32084

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REINSTATEMENT

96

10-21-96

8. Name and Address of Current Registered Agent

**PAULUS, VICKI D
4255 A1A SOUTH STE. 10
ST. AUGUSTINE FL 32084**

9. Name and Address of New Registered Agent

JAMES R. OLIVER, JR.
Street Address (P.O. Box Number is Not Acceptable)
4255 A1A SOUTH
Suite, Apt. #, Etc.
SUITE 10
City
ST. AUGUSTINE

State

Zip Code

FL

32084

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **OCT. 11, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the registered agent or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 11, 1996

Date

Daytime Phone #

471-1684

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

OMB No. 1545-0047
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)	<u>Innovative Cabinet Concepts, Inc.</u>	
2 Trade name of business, if different from name in line 1		
3 Executor, trustee, "care of" name		
4a Mailing address (street address) (room, apt., or suite no.)	<u>4255 A1A South, Suite 10</u>	
4b City, state, and ZIP code	<u>St. Augustine, Florida 32084</u>	
5a Address of business (See instructions.)		
5b City, state, and ZIP code		
6 County and state where principal business is located	<u>St. Johns County, Florida</u>	
7 Name of principal officer, grantor, or general partner (See instructions.)	<u>James R. Oliver, II</u>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) <u>For Profit</u>	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other nonprofit organization (specify)		
<input type="checkbox"/> Other (specify)		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State
<u>N/A</u>	<u>N/A</u>

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.) 1/30/95

11 Enter closing month of accounting year. (See instructions.) December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Principal activity (See instructions.) Retail cabinet sales

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Other (specify)	

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name

Trade name

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Prev. EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) James R. Oliver, II Director

Signature [Signature] Date Oct. 11, 1994

Please leave blank

Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions.

Cat. No. 18055N

Form **SS-4** (Rev. 4-91)