P95000009825

TRANSMITTAL LETTER

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

000001 487788
-01/24/95--01061--015
****122.50 ****122.50

SUBJECT: INFINITY CABINET CORPERATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00	☐ $78.75	☒ $122.50	☐ $131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FILED
95 FEB -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: CAROLINE YAHIN
Name (printed or typed)

22292 PINEAPPLE WALK DRIVE
Address

BOCA RATON, FL 33433
City, State & Zip

~~MAR 1953~~

(407) 362-8336
Daytime Telephone number

Done 1/27/95

502

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 27, 1995

CAROLINE YAMIN
22292 PINEAPPLE WALK DRIVE
BOCA RATON, FL 33433

SUBJECT: THE INFINITY CABINET CORPORATION
Ref. Number: W95000001953

CIARA CABINET DESIGNS, INC.

We have received your document for ~~THE INFINITY CABINET CORPORATION~~ and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 795A00003537

FILED

ARTICLES OF INCORPORATION

95 FEB -3 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C'ARA CABINET DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

22292 PINEAPPLE WALK DRIVE
BOCA RATON, FL. 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLINE YAMIN
22292 PINEAPPLE WALK DRIVE
BOCA RATON, FL. 33433

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): CAROLINE & HAIM YAMIN
22292 PINEAPPLE WALK DRIVE
BOCA RATON, FL. 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

JANUARY day of 20, 1995.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
95 FEB -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CIARA CABINET DESIGNS, INC.

2. The name and address of the registered agent and office is:

CAROLINE YAMIN
(Name)

22292 PINEAPPLE WALK DRIVE
(P.O. Box not acceptable)

BOCA RATON, FL 33433
(City/State/Zip)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Caroline Yamin
(Signature)

1/20/95
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P950000009825

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 208565 10295A

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : January 2, 1997

ORDER TIME : 2:51 PM

ORDER NO. : 208565-005

CUSTOMER NO: 10295A

800002044108--7
-01/03/97--01032--006
*****87.50 *****87.50

CUSTOMER: Itzhak Bachar, Esq
Itzhak Bachar, P.a.
1 Nationwide Bank Building
633 N.e. 167th St., Ste. 1112
North Miami Bea, FL 33162

FILED
97 JAN -2 PM 4:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
97 JAN -2 PM 4:06
DIVISION OF CORPORATION

DOMESTIC AMENDMENT FILING

NAME: CIARA CABINET DESIGN, INC.

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

1/6

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: ____

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
97 JAN -6 PM 3:30
DIVISION OF CORPORATION

January 3, 1997

RESUBMIT
Please give original submission date as file date.

CSC
DEBORAH
TALLAHASSEE, FL

SUBJECT: CIARA CABINET DESIGNS, INC.
Ref. Number: P95000009825

We have received your document for CIARA CABINET DESIGNS, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as reference above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 097A00000274

FILED

97 JAN -2 PM 4:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

CIARA CABINET DESIGNS, INC.

(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

Article No. ___ shall be amended as follows:

The President/Director, CAROLINE YAMIN, shall be removed/replaced and the following named person shall be the new President/Director of the Corporation:

Name:	ISRAEL MORAG
Title:	President/Director
Street Address:	7040 West Palmetto Park Road, #347
City/State/Zip:	Boca Raton, FL 33433

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption.

December 30, 1996

FOURTH: Adoption of Amendment(s) **(CHECK ONE)**

X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

___ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

_____"
Voting group

___ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

___ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 30th day of December, 1996.

Signature _____ 12/30/96
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Israel Morag
Typed or printed name

President/Director
Title

EXHIBIT "A"

ACKNOWLEDGMENT

HAVING BEEN named as the new *Director/President* of CIARA CABINET DESIGNS, INC., at their place of business, I HEREBY ACCEPT the appointment as Director/President and agree to act in this capacity. I furthermore agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation and my position as Director/President.

DATE: 12/30/96

ISRAEL MORAG, DIRECTOR