

P96000012779  
TRANSMITTAL LETTER

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

600001709070  
-02/07/96---01036---006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: LEONARD QUALITY CABINETS, INC.  
(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

FROM: LEONARD KALEKY  
Name (printed or typed)

370 WHOOPING LOOP #111A  
Address

ALTAMONTE SPRINGS, FL 32701  
City, State & Zip

407-831-6100  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

56 FEB -7 PM 2:46

2/9/96  
KA

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

ARTICLES OF INCORPORATION

OF

LEONARD QUALITY CABINETS, INC.

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

ARTICLE I.

NAME

The name of this Corporation shall be Leonard Quality Cabinets, Inc.

ARTICLE II.

PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be 370 Whooping Loop, Suite 1142, Altamonte Springs, FL 32701

ARTICLE III.

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100).

ARTICLE IV.

INITIAL REGISTERED AGENT AND STREET ADDRESS

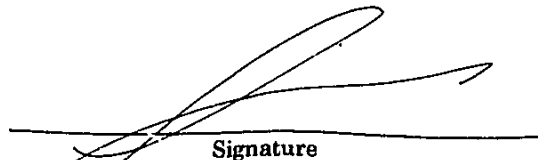
The name and address of the initial registered agent is Leonard Kaleky, 370 Whooping Loop Suite 1142, Altamonte Springs, FL 32701.

ARTICLE V.

INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Leonard Kaleky, 370 Whooping Loop Suite 1142, Altamonte Springs, FL 32701.

The undersigned incorporator has executed these Articles of Incorporation this 2 day of February, 1996.

  
Signature

The foregoing instrument was acknowledged this 2nd day of FEB. 1996, by LEONARD KALEKY who is personally known to me and who did not take an oath.

STATE OF FLORIDA  
COUNTY OF SEMINOLE





REBECCA J. MARTIN  
MY COMMISSION # CC448486 EXPIRES  
JUNE 20, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

**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: LEONARD QUALITY CABINETS, INC

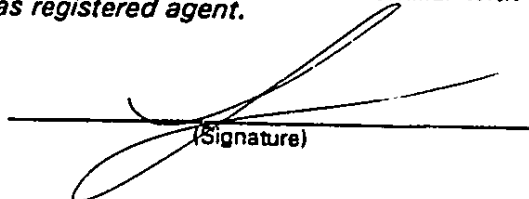
2. The name and address of the registered agent and office is:

LEONARD KALEKY  
(Name)

370 WHODDING LOOP #1142  
(P.O. Box not acceptable)

ALTAMONTE SPRINGS, FL 32701  
(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.*

  
(Signature)