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6/03/98

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: LEON CABINET CORP.

AUDIT NUMBER..... H98000010412

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 4, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: LEON CABINET CORP.

REF: W98000012798

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Tracy Augsburger Document Specialist FAX Aud. #: H98000010412 Letter Number: 098A00031490

# ARTICLE OF INCORPORATION

<u>of</u>

LEON CABINET CORP.

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

#### ARTICLE I NAME

The name of the corporation shall be: LEON CABINET CORP.

The principal place of business of this corporation shall be:
2751 NW. 84 ST.
MIAMI, FLORIDA 33143

## ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times 10.00 = 1,000.00$ 

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

PREPARED BY: BASIC ACCOUNTING SERVICE 692 West 29 Street#9 Hialeah, Fl. 33012 (305) 887-4185

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**CVED LEON**2751 NW. 84 ST.
Mismi, Florida 33143

OTNIEL LEON
695 W. 28 St. #8

Hialeah, Florida 33012

DIRECTOR

DIRECTOR

## ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are);

OVED LEON PRESIDENT ( 50 shares )
2751 NV. 84 ST.
Niami , Florida 33143

OTNIEL LEON SECRETARY & TREASURER (50 shares)
695 W. 28 St. # 8
Hislan, Florida 33012

Signature/Title
Signature/Title

Signature/Title

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

| •••• | LEON CABINET CORP.                                |
|------|---------------------------------------------------|
| The  | name and address of the registered agent and off: |
| is   | OVED LEON                                         |
|      | (Name)                                            |
|      | 2751 NW. 84 ST.                                   |
|      | (P. C. BOX NOT ACCEPTABLE)                        |
|      | MIAMT, FLORIDA 33143                              |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

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