

TRANSMITTAL LETTER

P98000065031

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

SUBJECT: Mastercraft Cabinets, Inc.
(Proposed corporate name - must include suffix)

000002595390-2
-07/22/98-01058-013
****122.50 ****122.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kurt Wurstle
Name (Printed or typed)

969 Nottingham Drive
Address

Naples, Fl. 34109
City, State & Zip

941-643-2998
Daytime Telephone number

FILED
98 JUL 22 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH JUL 23 1998

ARTICLES OF INCORPORATION

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:

Mastercraft Cabinets, Inc.

ARTICLE II PRINCIPAL OFFICE

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

969 Nottingham Drive
Naples, Fl. 34109

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DaVida L. Wurstle
969 Nottingham Drive
Naples, Fl. 34109

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

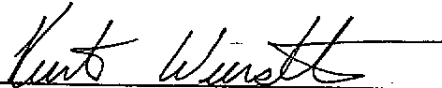
Kurt R. Wurstle
969 Nottingham Drive
Naples, Fl. 34109

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

20 day of July, 19 98

(An additional article must be added if an effective date is requested.)

KURT



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 Mastercraft Cabinets, Inc.

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

DaVida L. Wurstle
(NAME)

969 Nottingham Drive
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Naples, Fl. 34109
(CITY/STATE/ZIP)

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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.

DAVIDA
DaVida L. Wurstle
(SIGNATURE)

July 20, 1998
(DATE)