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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**M.K. CABINETS, INC.**

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION OF

M. K. CABINETS, INC.

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: M. K. CABINETS, INC.

The principal place of business of this corporation shall be: 1989 OPA LOCKA BOULEVARD OPA LOCKA, FLORIDA 33054

### 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 States, 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 value that this corporation is authorized to have outstanding at any one time is: 500 SHARES @ \$1.00.

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

PETER W. SHARPE  
1989 OPA LOCKA BOULEVARD  
OPA LOCKA, FLORIDA 33054

Prepared by: Peter W. Sharpe,  
1989 Opa Locka Boulevard  
Opa Locka, FL 33054  
(954) 587-6718

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

PETER W. SHARPE  
1989 OPA LOCKA BOULEVARD  
OPA LOCKA, FLORIDA 33054

IN WITNESS WHEREOF, the undersigned incorporator(s)  
has (have) executed these Articles of Incorporation  
this, \_\_\_\_\_ day of \_\_\_\_\_ 1998

Signature(s) of Incorporator(s)

Peter Sharpe  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:

M. K. CABINETS, INC.

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

PETER W. SHARPE 1989 OPA LOCKA BOULEVARD OPA LOCKA, FL. 33054

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SIGNATURE

Peter Sharpe

TITLE

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Peter Sharpe

DATE

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