1990003660 TRANSMITTAL LETTER

DIVISION OF STATE

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

800002735028---1 -01/03/33--01032--003 *****122.50 *****78.75

SUBJECT: Pay's Cabinet Specialties INC.
(Proposed corporate name - must include suffix)

Enclose for :	d is an origina	l and one (1) co	ppy of the articles of	f incorporation a	and a check
[\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM: <u>Haymond Carl DeLeon</u> Name (printed or typed)					
8000 Jasmine BLYD Address					
	. •		ichey, FL	34668	
	•	***************************************	49-3099 Telephone number		

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

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:

RAY'S Cabinet Specialties, INC

ARTICLE II PRINCIPAL OFFICE

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

Port Richey, FL 34668

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Raymond Carl DeLeon 8000 Jasmine BLND Port Richey, FL 34668

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):

Raymond Carl DeLeon 8538 Bench Dr. Port Richey, FL 34668

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

day of January, 1999

Raymens Signature

Signature

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:

Ray's Cabinet Specialties, INC

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

Raymond Carl DeLeon

8000 Jasmine BLYD
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Port Richey FL 34668

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.

(CICNIATIDE)

(DATE)