TRANSMITTAL LETTER 374 68

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

_ILLEY'S CABINETS

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(P	roposed corporate	name - must include su	iffix)	
Enclosed is an origina for:				and a check
[_] \$70.00 Filing Fee	Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Cop	× \$131.25 Filing Fee, Certified Copy & Certificate by Required	
FROM:		DA FORREST		
• •	Name	e (printed or typed)		99 1382 190
	2452 N	W 78TH STREET		
/		Address		APR 2
an esso home GAVE	MIAMI,	FLORIDA 33147		22 SERGE
HORIZATION BY PHONE TO	City, State & Zip			21 S12 S12 S12 S12 S12 S12 S12 S12 S12 S
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REECT	Daytin	ne 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:

ILLEY'S CABINETS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2452 N W 78TH STREET, MIAMI, FLORIDA 33147

99 APR 22 M 12: 03
SECKETARY OF STATE
MIASSEE FLORID

ARTICLE III SHARES

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

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

MS LINDA FORREST 2452 N W 78TH STREET MIAMI, FLORIDA 33147

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):

MS LINDA FORREST 2452 N W 78TH STREET MIAMI, FLORIDA 33147

The undersigned inc	corporator(s) has(have) ex	ecuted these Articles of	Incorporation thi
16 day of _	April		
	Lo Fall	en L	
Militaria, and a second se		Signature	
4 4 - 4 -	\$	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: ILLEY'S CABINETS, INC.	
2.	The name and address of the registered agent and office is:	
	MS LINDA FORREST	99 4 SECR TALL/
	(NAME)	FIL APR 22 AFF 22 AFFARY
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ED PH P: 03 CF STATE E, FLORIDA
	MIAMI, FLORIDA 33147 (CHY/STATE/ZIP)	TE AIDA

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) 4 16 99