## TRANSMITTAL LETTER

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

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SUBJECT: BROWARD KITCHENS & BATHS, INC.

(Proposed corporate name - must include suffix)

□ \$70.00 □ \$78.75 □ \$78.75 □ \$87.50

Filing Fee & Certificate of Status □ \$78.75 □ \$87.50

Filing Fee & Certified Copy Certified Copy

Certified Copy
& Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Name (Printed or typed)

1721 N. Powerline Road

Address

Pompano Beach, FL 33069

City, State & Zip

(954) 931 - -7318

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be:
BROWARD KITCHENS & BATHS, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
1721 N. Powerline Road
Pompara Beach, FL 33069
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 Florida street address of the initial registered agent are:
David S. Warsmack! 1721 N. Powerline Rid. Pompano Beach, FL 33069 ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Same as above (registered agent)
Dard Coll Ush 7/2/99 Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
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/Registered Agent Date