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

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SUBJECT:

A CREATIVE TOUCH OF FLORIDA INC.

(Proposed corporate name - must include suffix)

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 \$131.25

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	RICHARD D FRISBEE			
_	Name (Printed or typed)	ALC C	99	
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CAMP.	Address		. O)	İ
AUTHORIZATION BY PHONE TO		FE SI		U
CORRECT VAN	PORT ORANGE FL City, State & Zip	32127 <u>8</u> 3	- 0	عد.
DATE 713199	·	سند		
DOC EXAMOMO —	(904) 677-8485 Daytime Telephone number	- 3		-

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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

A CREATIVE TOUCH CABINETRY OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

544 LPGA Blvd. Holly Hill FL 32117

99 JUL -6 PM 1: OC SECRETARY OF STATE

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Richard D. Frisbee

3 Cedar St Port Orange FL 32127

Signature/Incorporator

Dat

(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