TRANSMITTAL LETTER

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Department of State

	ifestyles Cabine J (Proposed corpor	3	:00002935 -07/19/99 *****78.75	-01107003
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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM: Name (Printed or typed)				
4867 Royal Palm Drive				
	Estero f	7 33918 State & Zip		
941-948-1098 Daytime Telephone number				
	City, 5	State & Zip 8 - (098		

F. CHESSEN JUL 2 6 1999

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 Lifestyles Cabinet and Woodworking, Inc.

Article II Principal Office

The place of business shall be located at 1340 Railhead Boulevard, Suite 6; Naples, Florida; 34110.

The business office location shall be at 4867 Royal Palm Drive; Estero, Florida; 33928.

Article III Shares

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

The shares are currently held by Nicholas Samar (fifty shares) and Melissa Samar (fifty shares).

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agen are: Nicholas Samar, 4867 Royal Palm Drive; Estero, Florida; 33928.

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Article V Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Nicholas Samar and Melissa Samar; 4867 Royal Palm Drive; Estero, Florida; 33928.

Signature of Incorporator

N 1 //

Signature of Incorporator

7-8-98

Date

7-8-99

Date

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 of Registered Agent

Date

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