

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

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SUBJECT:	ACCENT SPECIA		·
DUDUECT	(Proposed corpor	ate name - must include suf	fix)
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
Re	turn to:	ADDITIONAL CO	PY REQUIRED
FROM:	F. B. Esterg	ren, P.A.	· · · · · · · · · · · · · · · · · · ·
	P.O. Drawer	2167	
•		Address	99 SE TA
	Ft. Walton B	each, FL 32549	99 AUG -2 SECRETALLAN
	City	, State & Zip	FI ED
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	Daytime '	Telephone number	

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ARTICLES OF INCORPORATION

OF

ACCENT SPECIALTIES, INC.

ARTICLE I - NAME:

The name of this corporation is: ACCENT SPECIALTIES, INC., hereinafter referred to as the "Corporation".

ARTICLE II - DURATION:

The Corporation shall exist perpetually, commencing upon the filing of the Articles of Incorporation with the Department of State.

ARTICLE III - PURPOSE:

The Corporation is organized for the purpose of engaging in the Door and Window Retail Sales business and for the purpose of transacting any or all other lawful business not inconsistent with the Laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK:

The Corporation is authorized to issue 100,000 shares of One Dollar (\$1.00) par value common stock.

ARTICLE V - PRE-EMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT:

The principal office and street address of the Corporation is: 94 Skipper Ave., Ft. Walton Beach, FL 32547, and the mailing address is: 94 Skipper Ave., Ft. Walton Beach, FL 32547.

The name of the Registered Agent of the Corporation is:

PHILLIP MOORE, and the street office address of such

registered agent and registered office of the Corporation is:

94 Skipper Ave, Ft. Walton Beach, FL 32547.

ARTICLE VII - INITIAL BOARD OF DIRECTORS:

The Corporation shall have two directors initially. The number of directors may be either increased or decreased from time to time by the By-Laws but shall never be less than one. The name and address of the initial directors of the Corporation are:

PHILLIP MOORE, 14 Our St., Vernon, FL 32462.

STEVEN MOOORE, 4609 Lakes Edge Cove, Pinson, AL 35216.

ARTICLE VIII - INCORPORATOR:

The name and address of the person signing these Articles is: PHILLIP MOORE. 14 Our St., Vernon, FL 32462.

ARTICLE IX - BY-LAWS:

The power to adopt, alter, amend or repeal the By-Laws shall be vested in the Board of Directors and the shareholders.

ARTICLE X - SECTION 1244 STOCK:

It is the intent of this Charter that the directors may sell the capital stock of the Corporation in accordance with the conditions of Sections 1243-1244, inclusive, of the Internal Revenue Code of 1954 as amended.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this 29th day of July, 1999.

Phillip Moore

Chillip moon

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

	ACCENT SPECIALTIES, INC.
,	
The name	and address of the registered agent and office is:
•	
. ;	PHILLIP MOORE
	(NAME)
	94 Skipper Ave.
	(P.O. BOX NOT ACCEPTABLE)
	A TO TOO TIST WOLL! WOLL!
•	TO THE POOLE INDICE)
	Ft. Walton Beach, FL 32547 (CITY/STATE/ZIP)

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 Phillip Moore

DATE July 29, 1999