15222

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

100002963001--8 -08/18/99--01042--015 *****78.75 *****78.75

WOOD CRAFT SPECIALTIES 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

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: NORMAN C. ROGERS
Name (Printed or typed)

SARASOTA FLORIDA 34240

City, State & Zip

377-0946

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 Signal Approximation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
WOODCRAFT SPECIALTIES INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
70 KALAMAZOO PLACE - SARASOTA FL. 34240
70 KALAMAZOO PLACE - SARASOTA FL. 34240 ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100,000 - ONE HUNDRED THOUSAND SHARES
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: NORMAN C. ROG-ERS
70 KALAMAZOO PLACE SARASOTA FLORIDA 34240
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
NORMAN C. ROGERS
70 KALAMAZOO PLACE SARASOTA, FLORIDA- 34240
2/11/99

(An additional article must be added if an effective date is requested.)

riaving been namea as registerea agent and to accept service of process for the above	
this certificate, I hereby accept the appointment as registered agent and agree to act	
the provisions of all statutes relating to the proper and complete performance of my	duties, and I am familiar with and accept th
obligations of my position as registered agent	- /)
Mana C Rosen	8/16/99
Signature/Registered Agent	Date