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PICK-UP	☐ WAIT	MAIL	
Ć (Bu	usiness Entity Name)	
(Do	ocument Number)		
Certified Copies	Certificates of	f Status	
Special Instructions to	Filing Officer:		
Eli. Cimao	levilla a		
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MRDY

11119-28237

COVER LETTER

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

SUBJECT: AL	EX'S CUSTOM CABINETS			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	* ' '	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	ALEX'S CUSTOM CABINETS	Printed or typed)		
	Name (Printed or typed)		
200 NW 87 AVE APT. J109				
	7	Address		
	MIAMI FL. 33172			
	City, State & Zip			
	305-915-3198 Daytime To	elephone number		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2008

ALEX'S CUSTOM CABINETS 200 NW 87 AVE **APT J109** MIAMI, FL 33172

SUBJECT: ALEX'S CUSTOM CABINETS

Ref. Number: W08000028237

We have received your document for ALEX'S CUSTOM CABINETS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.



The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 708A00035701

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALEX'S CUSTOM CABINETS CORP.

08 JUN 24 PM 4: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

200 NW 87 Ave., APT. J109 Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CABINETS INSTALL AND CUSTOM WORK

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOSE A CIMADEVILLA CHIU 200 NW 87 AVE MIAMI FL.33172 OWNER Apt. J109

ARTICLE VI REC	GISTERED AGENT
	reet address (P.O. Box NOT acceptable) of the registered agent is:
200 NW 87th Av	e Apt Jion, Niami, FL 33172
I accept deties a	nd responsabilities of the registered agent
JOSEA CIMA	DEVILLA CHILL
ARTICLE VII INC	
The name and address of	
JOSE A CIMADEVILLA CHIU	200 NW 87 AVE MIAMI FL.33172
	Apt. J109

***************************************	*******	
Having been named as registered agent to accept service of process for a certificate, am fabiliar with and accept the appointment as registered age	tered agent to accept service of process for the above stated corporation at the place designated in this	
The state of the s	5-29-08	
Signature/Registered Agent	Date	
	5-29-08	
Signature/Incorporator	Date	