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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CALVINO & ASSOCIATES INC
Account Number : 120200000065
Phone : (305)909-2099
Fax Number : (305)909-1328

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@calvinotax.pro.com

STATE OF FLORIDA

2020 OCT -2 AM 11:06

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
NEW WORLD KITCHEN & CABINETS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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T. SCOTT

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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: NEW WORLD KITCHEN & CABINETS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
320 E 38TH ST
HIALEAH, FL 33013

Mailing address, if different is:
SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KRIZ DIALYS MEJIAS DIAZ - PRESIDENT Name and Title:

Address 320 E 38TH ST Address:
HIALEAH, FL 33013

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CALVINO & ASSOCIATES INC
 Address: 13590 SW 134 AVE STE 211
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHANNA PENA
 Address: 13590 SW 134 AVE STE 211
MIAMI, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/02/2020. (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent 10/2/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator 10/02/2020
Date

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