P08000061145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Eli Cimadevilla GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles I + II
DATE 6/24/08
DOC. EXAM MRS

Office Use Only

300130914983

06/09/08--01023--007 **78.75

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

MRS
6/24

W08-28237

COVER LETTER

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

SUBJECT: ALEX'S CUSTOM CABINETS
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ALEX'S CUSTOM CABINETS
Name (Printed or typed)

200 NW 87 AVE APT. J109
Address

MIAMI FL. 33172
City, State & Zip

305-915-3198
Daytime Telephone number

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

RECEIVED
08 JUN 23 AM 8:00
DIVISION OF CORPORATIONS

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

FILED

08 JUN 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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 REGISTERED AGENT

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

200 NW 87th Ave Apt J109, Miami, FL 33172
I accept duties and responsabilities of the registered agent
JOSE A CIMADEVILLA CHIU

ARTICLE VII INCORPORATOR

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

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 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

Signature/Registered Agent — Date: 5-29-08

Signature/Incorporator — Date: 5-29-08