

PD8000061145

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

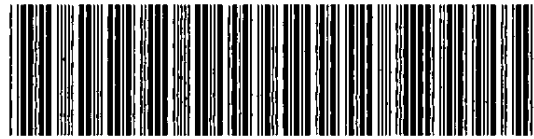
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Eli Cinadevilla **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

11008-28237

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

ARTICLES OF INCORPORATION

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

FILED

08 JUN 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

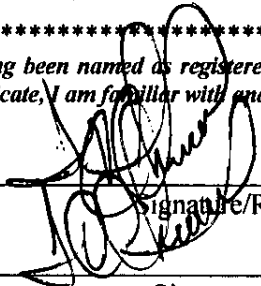
I accept duties and responsibilities of the registered agent
JOSE A CIMADEVILLA CHIU

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

5-29-08

Date

Signature/Incorporator

5-29-08

Date