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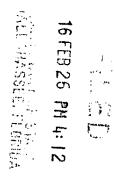
(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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MAR 0 1 2016 Y SULKER

W16 = 9966



February 11, 2016

RONALD J DAVIS 7438 YACHTSMAN DR HUDSON, FL 34667

SUBJECT: CABINET SUPPLY, INC. Ref. Number: W16000009966

We have received your document for CABINET SUPPLY, INC. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 716A00002806

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: Cabinet Supp	ply, Inc.
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter to Ronald T. Da	<u> </u>
Name of Pe	erson
Cabinet Supp Firm/Comp	ly, Inc.
1	
7438 Yachtsma	n Or
Address	j., 5
Hudson F	1 Zip code Ply @ A++, Ne+ Thyse applied report notification)
City/State and	1 Zip code
cabinet sup	ph@ Att, Neto
E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please cal	II: N. 13
Ronald T. Davis at (586 Name of Person Area Code	909-7933
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAIN INCLADED DEC
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status &

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Cabinet Supply Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Michigan
(State or country under the law of which it is incorporated)

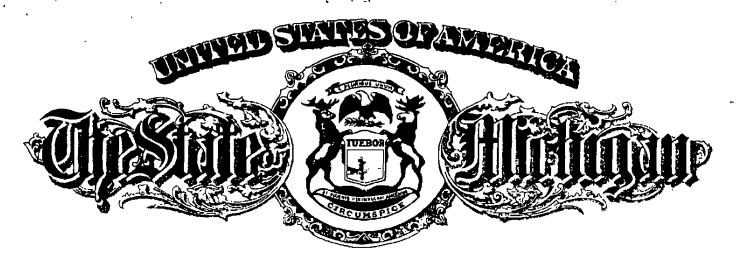
3. 20-1225814
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7438 Yachtsman Dr. Hudson, FL. 34667 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Address: Address: **B. OFFICERS** President: Ranald J. Davis Yachtsman On. Hedson FL 34667 Vice President: Ronald J. Davi'> Address: _____ Secretary: Ronold J. Davis Address: Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs Lansing, Michigan

This is to Certify That

CABINET SUPPLY, INC.

was validly incorporated on May 27, 2004, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 25848D

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of December, 2015.

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau