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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

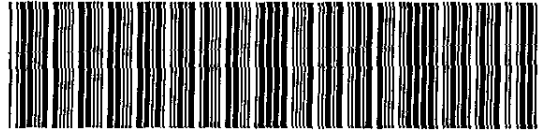
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE

MAY 28 2019

TRANSMITTAL LETTER

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

SUBJECT: CUSTOMIZED CABINETRY By Design, Inc.
(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: ADELINE LA FRANCE ORISCAU Reg. Agent
Name (Printed or typed)

1601 N.W. 179 STREET
Address

Miami, Florida 33169
City, State & Zip

305-430-9137
Daytime Telephone number

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

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: CUSTOMIZED CABINETS BY DESIGN, INC.

SECOND

The period of its duration is: Indefinitely

THIRD

The purpose of the corporation is:

Design and manufacture customized cabinetry.

FOURTH

The aggregate number of authorized shares is: 200

FIFTH

The corporation will not commence business until at least \$1000.00 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are:

Approved by the Board of Directors of this corporation.

EIGHTH

Provisions for regulating the internal affairs of the corporation are:

The managing partner of the corporation will be responsible for all day to day operations.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NINTH

The address of the initial registered office of the corporation is:

1601 NW 179 Street Miami, Florida 33169

and the name of its initial registered agent at such address is:

Adeline La France OriscaR.

TENTH

Address of the principal place of business is:

1601 NW 179 Street Miami, Florida 33169

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Two , and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name	Address
Jean Marie Oriscar	1601 NW 179 Street Miami, Florida 33169
Adeline La France OriscaR	1601 NW 179 Street Miami, Florida 33169
_____	_____
_____	_____

TWELFTH

The name and address of each incorporator is:

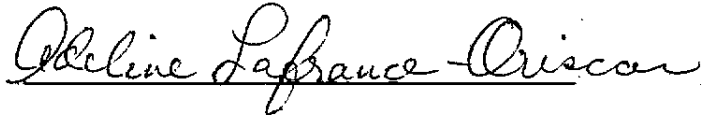
Name	Address
Jean Marie Oriscar	1601 NW 179 Street Miami, Florida 33169
Adeline La France OriscaR	1601 NW 179 Street Miami, Florida 33169
_____	_____
_____	_____

Date: MAY 5th 2003



Jean Marie Orisca, Incorporator

Having Been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Adeline La-France-Orisca, Registered Agent

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TALLAHASSEE, FLORIDA

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