

PO3000 115744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

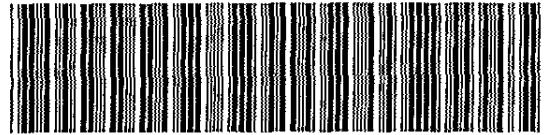
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/14/03--01026--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32315

SUBJECT: GERRY'S CABINETS, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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: Gerald Johnson
Name (Printed or typed)

647 Nuna Avenue
Address

Fort Myers, Florida, 33905
City, State & Zip

239-694-2413
Daytime Telephone number

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

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
GERRY'S CABINETS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
647 Nuna Avenue; Fort Myers, Florida, 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Engaging in the transaction of any and all business activities permitted under the laws of Florida
and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:
One Hundred (100) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Gerald Johnson
647 Nuna Avenue
Fort Myers, Florida, 33905

ARTICLE VI REGISTERED AGENT

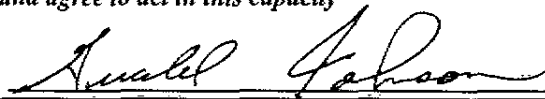
The name and Florida street address of the registered agent is:
Gerald Johnson
647 Nuna Avenue
Fort Myers, Florida, 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Gerald Johnson
647 Nuna Avenue
Fort Myers, Florida, 33905

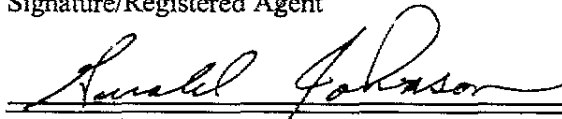
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10/10/03
Date



Signature/Incorporator

10/10/03
Date