

PO3000136387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. CABREY CARPENTRY, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## 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:

CABREY CARPENTRY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4506 SW 132 PL.

MIAMI, FL. 33175

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is:

300

### ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

REYNALDO CABALLERO

4506 SW 132 PL. MIAMI, FL. 33175

PRESIDENT.

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

REYNALDO CABALLERO

4506 SW 132 PL. MIAMI FL. 33175

### ARTICLE VII INCORPORATOR

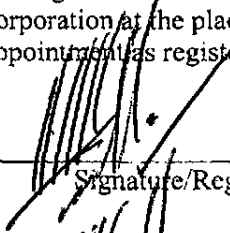
The name and address of the Incorporator is:

REYNALDO CABALLERO

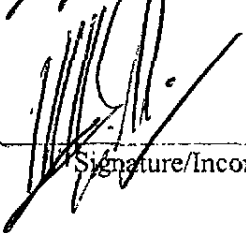
4506 SW 132 PL. MIAMI, FL. 33175

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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

x  \_\_\_\_\_  
Signature/Registered Agent

11/18/03  
Date

x  \_\_\_\_\_  
Signature/Incorporator

11/18/03  
Date

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