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TRANSMITTAL LETTER

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

SUBJECT:	KR Cabinets (PROPOSED CORPORA	Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
□ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
•	& Certificate of Status	& Certified Copy			
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
EDOM.	KR Cabi	nets Jon Ke	MALL A. ROSALITO		
FROM:	Name	(Printed or typed)			
	2.5				
212 Lynbrook Dr. Address					
•	7	Address			
		,			
	Orlan	State & Zin	7807		
·	City	, State & Zip			
	407-	273-6364			
907 - 273 - 6369 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)	无	
ARTICLE I NAME	04 JAN -9	AM 10: 20
The name of the corporation shall be:	SECRETARY	OF STATE
KR Cabinets, INC.	TALLAHASSE	E. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		<u></u>
212 Lynbrook Dr. Orlando F1 3280	で フ	
ARTICLE III PURPOSE		=
The purpose for which the corporation is organized is:		-
Cabine tinstullations		
ARTICLE IV SHARES		
The number of shares of stock is:		-
300		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):		-
Kenny A Rosanio		
212 Lynbnok Dr.		_
Orlando, K1.30807	•	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:		
David Castillo - Alliance		٠.,
515 No. Semoran Blud		
Orlando +1 32807		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is: KR Cabinets - Kenny A Bosario 212 Lyn brock Dr. Ovlando Fl 38807		•
212 1 am horek Dr.		
orlando Fl 3x80)		
	*****	*****
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in	pration at the place in In this capacity	designated in this
	- 1. 1.1	
- And Cellic	1/6/04	
Signature/Registered Agent	, Date	
Home Vanación	1/8/18	
Signature/Registered Agent Leven Coacco Signature/Incorporator	Date	