

P04000013089

(Requestor's Name)

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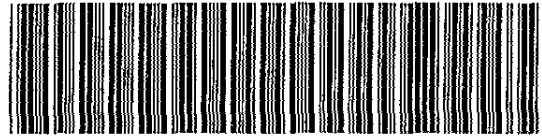
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W004-315

## TRANSMITTAL LETTER

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

SUBJECT: CABINET DESIGN OF NWFL, INCORPORATED  
(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

**ADDITIONAL COPY REQUIRED**

FROM: JAMES A. HICKMAN, AGENT  
Name (Printed or typed)

200 GOVERNMENT STREET, SUITE 1  
Address

NICEVILLE, FL 32578  
City, State & Zip

850- 729-8585  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 5, 2004

JAMES A HICKMAN  
200 GOVERNMENT STREET SUITE 1  
NICEVILLE, FL 32578

SUBJECT: CABINET DESIGN OF NWFL, INC.  
Ref. Number: W04000000315

We have received your document for CABINET DESIGN OF NWFL, 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):

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 404A00000391

# 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:

CABINET DESIGN OF NWFL, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9106 EAGLE NEST DRIVE  
NAVARRE, FL 32566

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR A PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR COMMON STOCK

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LUIS O. AGOSTO, 9106 EAGLE NEST DRIVE, NAVARRE, FL 32566, PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

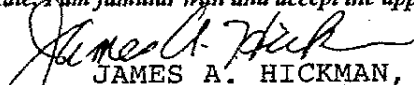
JAMES A. HICKMAN, AGENT  
200 GOVERNMENT STREET, SUITE 1  
NICEVILLE, FL 32578

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS O. AGOSTO  
9106 EAGLE NEST DRIVE  
NAVARRE, FL 32566

\*\*\*\*\*  
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



JAMES A. HICKMAN, AGENT

Signature/Registered Agent



Signature/Incorporator

DEC 15 2003

Date

DEC 15 2003

Date

FILED  
04 JAN 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA