(Re	questor's Name)	.,.,		
(Address)				
(Address)				
(City	//State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Coples	Certificates	of Status		
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

FILES

2004 JAN 22 PH 12: 58

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

FALLAHASSEE FLORIDA

SUBJECT: Birc	h Cabinets, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the ari	ticles of incorporation and	l a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status
FROM: S	teve Birch		
	Name	(Printed or typed)	
	P.O. Box 1373		
		Address	
	Santa Rosa Beach, FL 32		
	City	, State & Zip	
	850-267-0077		
	Daytime"	Colombana number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2004 JAN 22 PM 12: 58

TALLAHASSEE FLORIDA

January 16, 2004

STEVE BIRCH POST OFFICE BOX 1373 SANTA ROSA BEACH, FL 32459

SUBJECT: BIRCH CABINETS, INC. Ref. Number: W04000002395

We have received your document for BIRCH CABINETS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 204A00003214

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: Birch Cabinets, Inc.

rilei)

2004 JAN 22 PM 12: 58

LUNLIARY OF STATE TALLAHASSEE FLORIDA

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: Birch Cabinets, Inc. 1769 J.D. Miller Rd Santa Rosa Beach, FL 32459

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawfull activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Steve Birch President 1769 J.D. Miller Rd Santa Rosa Beach, FL 32459

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Steve Birch 1769 J.D. Miller Rd Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steve Birch 1769 J.D. Miller Rd Santa Rosa Beach, FL 32459

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificale, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

ignature/Registered Agent

Signature/Incorporator

1-21-04

Date