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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## MAYORQUIN ACCOUNTING

FRANCISCO MAYORQUIN  
ACCOUNTANT  
P.O. BOX 15203  
TAMPA, FLORIDA 33684

Telephone (813) 884-8103

February 12, 2004

Secretary of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

Dear Sirs:

I am enclosing the Certificate of Incorporation for:

L & A CABINETS, INC.

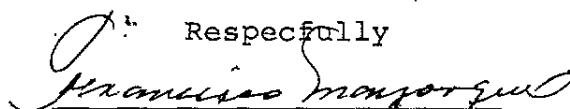
together with signed resident agent Form, for your approval.

Also enclosed is a check to cover expenses as required by  
the State of Florida.

Check No, 2009 for the amount of \$ 78.75

If additional information is needed regarding at this matter,  
please, let me know at your earliest convenience.

Respectfully

  
Francisco Mayorquin  
4510 W. Hiawatha St.  
TAMPA, Florida 33614

ARTICLES OF INCORPORATION  
OF

L & A CABINETS, INC

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA GENERAL CORPORATION ACT, DOES HEREBY ADOPT  
THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I

THE NAME OF THE CORPORATION IS L & A CABINETS, INC

ARTICLE II

THE DURATION OF THE CORPORATION IS PERPETUAL.

ARTICLE III

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED ARE:

- A. TO CARRY ON AND TRANSACT ANY LAWFUL BUSINESS.
- B. TO ACQUIRE, OWN, USE, CONVEY, AND OTHERWISE DISPOSE  
OF AND DEAL IN REAL PROPERTY, AND OTHER PERSONAL  
PROPERTY OR ANY INTEREST THEREIN.
- C. TO ENTER INTO ANY LAWFUL ARRANGEMENTS FOR SHARING  
PROFITS AND LOSSES IN ANY TRANSACTION OF TRANSACTIONS.

ARTICLE IV

THE CORPORATION MAY ISSUE 100 (ONE HUNDRED) OF  
VOTING COMMON STOCK OF PAR VALUE \$5.00 (FIVE DOLLAR) EACH  
SHARE WITH PREEMPTIVE RIGHTS PRESERVED.

ARTICLE V

THE STREET ADDRESS OF THE INITIAL OFFICE OF THE CORPORATION  
IS 4802 N. COOLIDGE AVE, TAMPA, FLORIDA 33614  
AND THE NAME OF ITS INITIAL REGISTERED AGENT IS LUI MESA  
----- AT 4802 N. COOLIDGE AVE. TAMPA, FLORIDA 33614  
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATE IN THIS APPLICATION, I HEREBY ACCEPT THE APPOINTMENT  
AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO  
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

REGISTERED AGENT'S SIGNATURE: 

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TALLAHASSEE, FLORIDA  
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ARTICLE VI

THE NAMES AND ADDRESSES OF THE INITIAL DIRECTORS OF THE CORPORATION ARE:

<u>NAME</u>	<u>ADDRESS</u>
LUIS MESA	4802 N. COOLIDGE AVE. TAMPA FL. 33614
ARMINDA MESA	4802 N. COOLIDGE AVE. TAMPA, FL 33614

ARTICLE VII

THE NAMES AND ADDRESSES OF THE INITIAL OFFICERS OF THE CORPORATION ARE:

<u>NAME</u>		<u>ADDRESS</u>
LUIS MESA	PRESIDENT	4802 N. COOLIDGE AVE. TAMPA, FL. 33614
ARMINDA MESA	SECRETARY AND TREASURY	4802 N. COOLIDGE AVE. TAMPA, FL 33614

ARTICLE VIII

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION IS: LUIS MESA, 4802 N. COOLIDGE AVE. TAMPA, FLORIDA 33614

  
LUI MESA

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO MAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED MR. LUIS MESA HOM PERSONALLY KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED AS INCORPORATOR IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGED BEFORE ME THAT EXECUTED THE SAME AND SUBSCRIBED TO THESE ARTICLES OF INCORPORATION, AND WHO DID TAKE AN OATH.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE NAMED ABOVE THE 12 DAY OF FEBRUARY, 2004

PERSONALLY KNOWN ☐  
OR PRODUCED IDENTIFICATION ☐  
TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

FRANCISCO MAYORQUIN

Notary Public, State of Florida

My comm. exp. June 26, 2006

Comm. No. DD 110085

FRANCISCO MAYORQUIN

NOTARY PUBLIC, STATE OF FLORIDA

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TALLAHASSEE, FLORIDA  
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