Po4888077384

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer S GAVE AUTHORIZATION BY PHONE TO COMPLETE S-13-8 4 DATE S-13-8 4

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	E CABIN	ET DESIGNS.
F100	ors of More	4 nc.	,
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	1904	(Printed or typed) S Aul Fig. Address	Lo Drive
	Brandon City,	Stale & Zip	J35 //
	Daytime To	758-42 elephone number	324

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

ARTICLE I NAME The name of the corporation shall be: THING ARTICLE II PRINCIPAL OFFICE ARTICLE II PRINCIPAL OFFICE
The name of the corporation shall be: INDUSTIVE CABINET DESIGNS Floors & 1. INC.
Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 704
For Profit-
ARTICLE IV SHARES
The number of shares of stock is:
/000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
List name(s), address(es) and specific title(s): RAYMOND WELLS - PESIDENT 1904 STANFIELD DMVE Brandon, FL. 335/1
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
1964 STANTIELS DAVE

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
Tred Jeffer 4-Jo-04
Signature/Registered Agent Date
Represed 1 11/2 4-30-04
Signature/Incorporator Date