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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NEW KITCHEN CABINETS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION
OF
NEW KITCHEN CABINETS, CORP**

THE UNDERSIGNED incorporate hereby makes, acknowledges and files with the Department Of State: this corporation is for profit in accordance with the Law of the State of Florida.

**ARTICLE I
NAME OF CORPORATION**

The name of the corporation shall be:

NEW KITCHEN CABINETS, CORP

**ARTICLE II
NATURE OF BUSINESS**

The nature of the business to be transacted by the Corporation shall be to engage in any lawful Act permitted under the laws of the United States of America and of the State of Florida as limited by The provision of the Florida Corporation Act.

**ARTICLE III
CAPITAL STOCK**

The maximum number of share of capital stock authorized to be issued by this corporation shall be one thousand shares of stock and its par value. (\$1.00 per share value)

Each of said shares of stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.

**ARTICLE IV
INITIAL CAPITAL**

The amount of capital with which this corporation shall be no less than ONE THOUSAND DOLLARS (\$ 1000.00)

**ARTICLE V
TERM OF EXISTENCE**

This corporation shall have perpetual existence.

**ARTICLE VI
PRINCIPAL OFFICE**

The following shall be the address of the principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:

**1723 W 37 ST BOX 14
HIALEAH, FL 33012**

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**ARTICLE VII
BOARD OF DIRECTORS**

This corporation shall have not less than one director initially. The number of directors may be increased or diminished from time to time, by the by laws adopted by the stockholders. The name and street address of the members of the first Board of Directors are:

**MANUEL GONZALEZ
PRESIDENT & TREASURY**

**8644 NW 2 LN
MIAMI, FL 33126**

**NIURKA GONZALEZ
VICE-PRESIDENT**

**8644 NW 2 LN
MIAMI, FL 33126**

**ARTICLE VIII
SUBSCRIBERS**

The name and address of the subscribers of these Articles of Incorporation and the number of shares of stock which are agree to take are:

**MANUEL GONZALEZ
50%**

**8644 NW 2 LN
MIAMI, FL 33126**

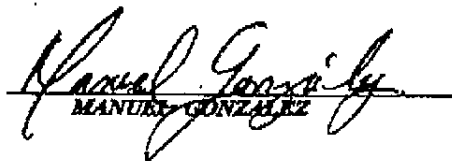
**NIURKA GONZALEZ
50%**

**8644 NW 2 LN
MIAMI, FL 33126**

**ARTICLE IX
AMENDMENT**

This articles of the incorporation may be amendment in the manner provide by law. The president shall approve every amendment.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seal this 07th of July of 2004.


MANUEL GONZALEZ


NIURKA GONZALEZ

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared MANUEL GONZALEZ & NIURKA GONZALEZ known to be the people described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and seal, this 07th day of July, 2004.

NOTARY PUBLIC

Personally Known

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE VERIFIED.**

*In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said
Act:*

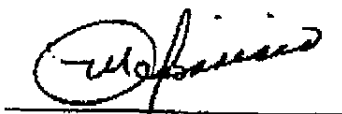
*That NEW KITCHEN CABINETS, CORP desiring to organize under the laws of the State of
Florida, with its principal office at 1723 W 37 ST BAY 14, HIALEAH, FL 33012. County of Miami-Dade
have named MANUEL GONZALEZ, with address 8644 NW 2 LN, Miami, FL 33126 as its agent of process
within the State.*

ACKNOWLEDGMENT:

*Having been named to accept service of process for the above state people, at the place designate in
this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the
provisions of said Act relative to keeping open said office.*


MANUEL GONZALEZ
Register Agent

Sworn and subscribed before me, this 07th day of July of 2004.


M. Aparicio
Notary Public- State of Florida



M. APARICIO
MY COMMISSION # 0028082
EXPIRES: April 13, 2008
Bonded True Budget Policy Services

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designated the registered office/registered agent, in the State of Florida.

1. - The name of the corporation is:

NEW KITCHEN CABINETS, CORP

2. - The name and address of the register agent and office is:

**MANUEL GONZALEZ
8644 NW 2 LN
MIAMI, FL 33126**

SIGNATURE:

Manuel Gonzalez

TITLE: PRESIDENT & TREASURY

DATE:

7/7/04

HAVING BEEN NAMED TO ACCEP SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FUTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION 607.325. FLORIDA STATUTES.

SIGNATURA:

Manuel Gonzalez

DATE:

7/7/04

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