

P04000150543

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☐ PICK-UP

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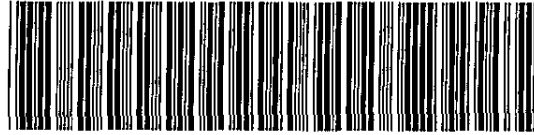
(Business Entity Name)

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TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. I.M. CABINET INSTALLATION INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

I.M. CABINET INSTALLATION INC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION KNOWN TO BE NATURAL PERSONS COMPETENT TO CONTRACT, HEREBY ORGANIZE AND INCORPORATE A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION IS:

I.M. CABINET INSTALLATION INC.

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ARTICLE II. NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATE AND OF THIS STATE.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARE OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$ 1.00 PER SHARE.

ARTICLE IV. INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS
IS: \$ 500.00

ARTICLE V. ADDRESS

THE INITIAL POST OFFICE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS.

850 E 18 STREET, HIALEAH, FL 33013

THE BOARD OFFICERS MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

ARTICLE VI. DIRECTORS

THIS CORPORATION SHALL HAVE 1 OFFICERS INITIALLY. THE NUMBER OF OFFICERS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME TO OR NOT SO INTERESTED.

ARTICLE VII. INITIAL OFFICERS AND DIRECTORS

THE NAME AND POST OFFICE ADDRESSES OF NUMBER OF THE FIRST BOARD OF OFFICERS ARE:

ISMAR MEDINA 850 E. 18 STREET, HIALEAH, FL 33013

THE INITIAL OFFICERS OF THIS CORPORATION ARE:

ISMAR MEDINA

ARTICLE IX. AMENDMENTS

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY IT TO THE STOCKHOLDERS AND APPROVED AT THE STOCKHOLDERS' MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALL DIRECTORS AND ALL THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE.

IN WITNESS THEREOF, THE UNDERSIGNED HAVE HEREUNTO SET THEIR HANDS AND SEAL AND HAVE ACKNOWLEDGED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE OF FLORIDA AS SUBSCRIBERS OF THE FOREGOING ARTICLES OF INCORPORATION THE 1 DAY
NOVEMBER, 2004.



ISMAR MEDINA

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS

I.M. CABINET INSTALLATION INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

ISMAR MEDINA

850 E 18 STREET

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA 33013

(CITY / STATE / ZIP)

SIGNATURE


ISMAR MEDINA

TITLE PRESIDENT

DATE NOVEMBER 1, 2004

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

SIGNATURE


ISMAR MEDINA

DATE NOVEMBER 1, 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT FILING FEE: \$20.00