

P04000159776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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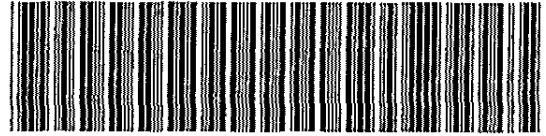
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: CABINET & Millwork CREATIONS, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FRANCISCO GARCIA CORRO
Name (Printed or typed)

1001 N.E. 14TH AVENUE #205
Address

HALLANDALE BEACH, FL 33009
City, State & Zip

954.914.9204
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

CABINET & MILLWORK CREATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1001 N.E. 14 AV #205
HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

Six (6)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FRANCISCO GARCIA CORRO
1001 N.E. 14 AVE. #205
HALLANDALE BEACH, FL 33009
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

FRANCISCO GARCIA CORRO
1001 NE 14 AVE #205
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANCISCO GARCIA CORRO
1001 NE 14 AVE #205
HALLANDALE BEACH, FL 33009

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

Signature/Registered Agent

Signature/Incorporator

11-15-04

Date

11-15-04

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA