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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

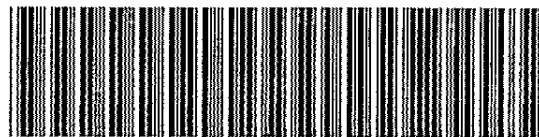
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## TRANSMITTAL LETTER

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

SUBJECT: NAVARRETE, 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: LINDA K. NAVARRETE

Name (Printed or typed)

2063 WHITEWOOD AVE.

Address

SPRING HILL, FL 34609

City, State & Zip

(352) 684-9239

Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

NAVARRETE, INC      NAVARRETE ENTERPRISES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2063 WHITEWOOD AVE.  
SPRING HILL, FL 34609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO GIVE THE GROWING CONSTRUCTION INDUSTRY SERVICE FOR CABINET INSTALLATION AND TRIM.

### ARTICLE IV SHARES

The number of shares of stock is:

ZERO

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LINDA K. NAVARRETE  
2063 WHITEWOOD AVE.  
SPRING HILL, FL 34609  
OWNER

### ARTICLE VI REGISTERED AGENT

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

LINDA K. NAVARRETE  
2063 WHITEWOOD AVE.  
SPRING HILL, FL 34609

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LINDA K. NAVARRETE  
2063 WHITEWOOD AVE.  
SPRING HILL, FL 34609


\*\*\*\*\*

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  
LINDA K. NAVARRETE

1/24/05

Date

  
\_\_\_\_\_  
Signature/Incorporator  
LINDA K. NAVARRETE

1/24/05

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA