

P05000070102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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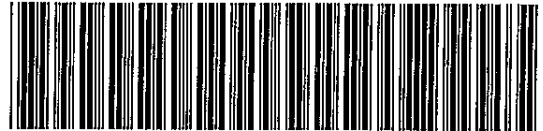
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 MAY 12 PM 2:55

## TRANSMITTAL LETTER

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

**SUBJECT:** LYL KITCHEN AND BATH CABINET REFACING, 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:** LESTER SALCES

Name (Printed or typed)

16443 SW 97 TER

Address

MIAMI, FLORIDA 33196

City, State & Zip

305-742-5766

Daytime Telephone number

**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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 12 PM 2:55

**ARTICLE I NAME**

The name of the corporation shall be:

LYL KITCHEN AND BATH CABINET REFACING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

16443 SW 97th Terr  
Miami, FL 33196

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose or purposes for which the corporation is organized is to engage in or transact any and all lawful activities or business permitted under the law of the United States, the State of Florida, county, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Lester Salces - President / Director  
16443 SW 97th Terr  
Miami, FL 33196

**ARTICLE VI REGISTERED AGENT**

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

The corporation's initial registered agent shall be: Lester Salces bearing the following address:  
16443 SW 97th Terr  
Miami, FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

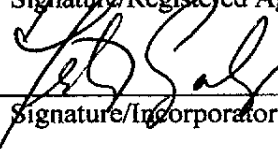
The name and address of the incorporator is: Lester Salces  
16443 SW 97th Terr  
Miami, FL 33196

\*\*\*\*\*  
*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

05/09/2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/09/2005

\_\_\_\_\_  
Date