

P05.000091459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

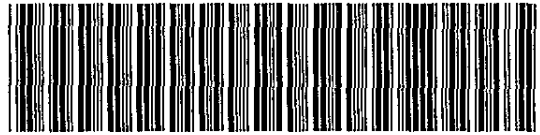
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05 JUN 27 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 27 2005

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

SUBJECT: Asdrubal Interiors, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Asdrubal Espinosa

Name (Printed or typed)

12851 SW 9 St.

Address

Miami, Florida 33184

City, State & Zip

305-510-5622

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)

ARTICLE I NAME

The name of the corporation shall be:

Asdrubal Interiors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12851 SW 9 St.
Miami, Florida 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business and be able to service customers by providing cabinetry services and general wood work also providing countertop installation ect.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Asdrubal Espinosa- 12851 SW 9 ST., Miami, Florida 33184- President

ARTICLE VI REGISTERED AGENT

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

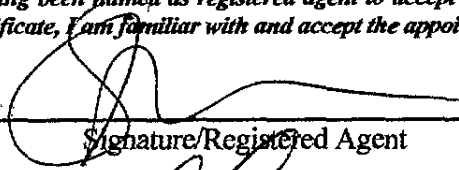
Yanira Sotolongo, 6 NW 136 Ave., Miami, Florida 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Asdrubal Espinosa, 12851 SW 9 St., Miami, Florida 33184

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

06/23/05

Date



Signature/Incorporator

06/23/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA