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TRANSMITTAL LETTER

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

SUBJECT: Florid	da Custom Cabinetry & Remodelin	ng, Inc.	
,	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Anatol Robert Stebulis Name (Printed or typed)		
-	4932 Raylene Way	Address	
-	St. Cloud, Florida 3 City, 1	34771 State & Zip	<u>interpolation</u> of the second
-	407-957-2332 or	407-361-7943	<u> </u>

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

05 JUL 20 PM 4:01

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Florida Custom Cabinetry & Remodeling, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4932 Raylene Way St. Cloud, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do sub-contract work.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anatol Robert Stebulis, President

ARTICLE VI REGISTERED AGENT

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

Anatol Robert Stebulis 4932 Raylene Way St. Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anatol Robert Stebulis 4932 Raylene Way St. Cloud, FL 34771

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

Date

Date

Signature/Incorporator

Anatol Robert Stebuli