

PO6000027423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/23/06

## COVER LETTER

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

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

FROM: TROYERS BUSINESS SERVICES INC  
Name (Printed or typed)

1569 SHADOW RIDGE CIR  
Address

SARASOTA FL 34240-9464  
City, State & Zip

941-378-4171  
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:

LEHMANS CABINET INSTALLATION INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2923 PAFKO DRIVE  
SARASOTA FL 34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

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

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

WILLIE LEHMAN  
2923 PAFKO DRIVE  
SARASOTA FL 34232

**ARTICLE VI REGISTERED AGENT**

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

WILLIE LEHMAN  
2923 PAFKO DRIVE  
SARASOTA FL 34232

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WILLIE LEHMAN  
2923 PAFKO DRIVE  
SARASOTA FL 34232

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*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*

Willie Lehman  
Signature/Registered Agent

2/20/06  
Date

Willie Lehman  
Signature/Incorporator

2/20/06  
Date

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