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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & D	OCUMENT NUMBER(S), (if known):
1. QUALITY WOOD V	NORKS & KITCHEN CABINES MED
(Corporation Name)	NORKS & KITCHEN CABINETS MED (Document #) INC.
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
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FLORIDA DEPARTMENT OF STATE 06 MAR -8 AM II: 30 Division of Corporations DIVISION OF CUMPORATION

March 7, 2006

LAZARUS

SUBJECT: QUALATY WOOD WORKS & KITCHEN CABINETS MFD. INC.

Ref. Number: W06000011047

We have received your document for QUALATY WOOD WORKS & KITCHEN CABINETS MFD. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 706A00015846

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OF TALLAH STATE

QUALATY WOOD WORKS & KITCHEN CABINETS MFD. INC., FLORIDA

ARTICLE I

THE NAME OF THE CORPORATION IS:

QUALATY WOOD WORKS & KITCHEN CABINETS MFD. INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE --- CORPORATION IN THIS STATE SHALL BE:

8044 WEST 21 COURT HIALEAH FLORIDA, 33016

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

PEDRO GUELL 13047 SW 3 STREET MIAMI FLORIDA, 33184

RODOLFO GUELL 7546 WEST 20 AVE #203 HIALEAH FLORIDA, 33016

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

PEDRO GUELL 13047 SW 3 ST. MIAMI FLORIDA, 33184 RODOLFO GUELL 7546 WEST 20 AVE. #203 HIALEAH FLORIDA, 33016

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

PEDRO GUELL 13047 SW 3 ST. MIAMI FLORIDA, 33184

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS TWENTY EIGHT DAYS OF FEBRUARY OF 2006.

PEDRO GUELL

RODOLFO GUELL

SIGNATURE

BYATURE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized — under the laws of the State of Florida, submits the following statement in designating the registered office/registered — agent, in the State of Florida.

1.	The name of the corporation is: QUALATY WOOD WORKS &
KIT	CHEN CABINETS MFD. INC.
2.	The name and address of the registered agent and office is PEDRO GUELL
	NAME 13047 SW 3 ST.
	MIAMI FLORIDA, 33184
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE: FEBRUARY 28, 2006

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SECRETARY OF STATE
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