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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

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

SUBJECT: ALL ABOUT CABINETS OF SOUTH FLORIDA, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

inal and one (1) copy of the art	icles of incorporation and	i a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
JACOB FINKEL	e (Printed or typed)	
9130 NW 44TH CO	URT Address	
·		
954 341-1557 Daytime	Telephone number	
	\$78.75 Filing Fee & Certificate of Status JACOB FINKEL Nam 9130 NW 44TH COI CORAL SPRINGS, F City 954 341-1557	Filing Fee & Certificate of Status JACOB FINKEL Name (Printed or typed) 9130 NW 44TH COURT Address CORAL SPRINGS, FL 33065 City, State & Zip

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)

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ARTICLE I NAME

The name of the corporation shall be:

ALL ABOUT CABINETS OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5100 NW 15TH STREET STE A MARGATE, FL 33063

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

RESIDENTIAL CABINET MANUFACTURING

ARTICLE IV SHARES

The number of shares of stock is:

2000 SHARES OF COMMON STOCK

INITIAL OFFICERS AND/OR DIRECTORS

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

Jacob Finke |- Pres. William Cohen-UP Glenda Cohen-Treas Debra Finke 9130 NW 44th Court 10238 NW 63rd Dr. 10238 NW 63rd Dr. 9130 NW 44th Coral Springs, FL 33065 Coral Springs, FL 33067 Coral Springs, FL Coral Springs

ARTICLE VI REGISTERED AGENT

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

JACOB FINKEL 9130 NW 44TH COURT CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACOB FINKEL 9130 NW 44TH COURT CORAL SPRINGS, FL 33065

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

Jacob Finke

3/7/2006

Date

3/7/2006

Signature/Incorporator

Jacob Finke