

PO 0000060663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

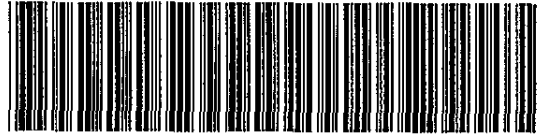
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 APR 27 PM 3:06
DIVISION OF REVENUE SERVICES

COVER LETTER

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

SUBJECT: Original Cabinet I.N.C.
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Javier Daiz
Name (Printed or typed)

2968 Michigan Ave Ste B
Address

Kissimmee, FL 34744
City, State & Zip

407-847-8155
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:

Original Cabinet Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*2968 Michigan Ave. Ste B
Kissimmee, Fla. 34744*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cabinet manufacture

ARTICLE IV SHARES

The number of shares of stock is:

(one) Javier Ruiz

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Javier Ruiz
2968 Michigan Ave Ste B
Kissimmee, Fla 34744*

ARTICLE VI REGISTERED AGENT

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

*2968 Michigan Ave. Ste B Javier Ruiz
Kissimmee Fl 34744*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Javier Ruiz 2968 Michigan Ave.
Kissimmee Fla 34744*

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

Javier Ruiz

Signature/Registered Agent

4/24/06

Date

Javier Ruiz

Signature/Incorporator

4/24/06

Date

06 APR 27 PM 3:06
STATE OF FLORIDA
DEPARTMENT OF REVENUE