

P06000104511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

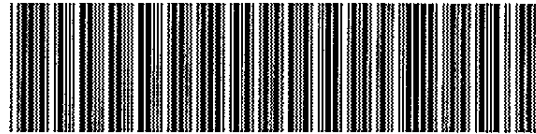
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 AUG 10 PM 3:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

CB 8-10-06
6006-32897

COVER LETTER

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

SUBJECT: QUALITY CABINTES & WOODWORKS 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
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: QUALITY CABINETS & WOODWORKS INC
Name (Printed or typed)

2758 MICHIGAN AVENUE SUITE 7
Address

KISSIMMEE FL 34744 -1513
City, State & Zip

407-346-6864 O' 407--873-0040
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2006

QUALITY CABINETS & WOODWORKS INC
2758 MICHIGAN AVE STE 7
KISSIMMEE, FL 34744-1513

SUBJECT: QUALITY CABINETS & WOODWORKS INC
Ref. Number: W06000032897

We have received your document for QUALITY CABINETS & WOODWORKS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 306A00047121

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

06 AUG 10 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

QUALITY CABINETS & WOODWORKS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2758 MICHIGAN AVENUE SUITE 7
KISSIMMEE, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

KITCHEN CABINETS AND AL TYPES SERVICES RELATED
WITH CARPENTRY AND MILLWORK

ARTICLE IV SHARES

The number of shares of stock is:

THE NUMBER OF SHARES OF STOCK 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LUIS DOMINGUEZ- PRESIDENT
4911 SAUSALITO LANE ,KISSIMMEE FL 34746
HECTOR M GORDILLO
174 CORAL WOOD CIRCLE
KISSIMMEE FL 34743

ARTICLE VI REGISTERED AGENT

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

LUIS DOMINGUEZ
4911 SAULITO LANE
KISSIMMEE, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS DOMINGUEZ-PRESIDENT
4911 SAULITO LANE KISSIMMEE FL 34746
HECTOR M GORDILLO-VICE PRESIDENT
174 CORAL WOOD CIRCLE
KISSIMMEE ,FL 34743

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

Luis Dominguez

Signature Registered Agent

7-22-2006

Date

Luis Dominguez

Signature/Incorporator

7*22-2006

Date