## P06000143848

(Requestor's Na	me)		
(Address)			
(Address)			
(City/State/Zip/F	Phone #)		
PICK-UP WAIT	T MAIL		
(Business Entity	v Name)		
(Document Number)			
Certified Copies Certified	cates of Status		
Special Instructions to Filing Officer	:		
~05u2857			

Office Use Only



500080411425

10/12/06--01029--008 \*\*87.50

BOOK NOV 15 PM 1: 57

7. Buroh NOV 157

## **COVER LETTER**

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

		Bytcam		
SUBJECT: Profession	al Cabinal I	rotallationy Inc.	UNE GUEDIVI	
(	PROPOSED CORPORA	TE NAME – <u>MUSIFINCL</u>	UDE SUFFIX)	
wh				
Enclosed are an original and	one (1) copy of the art	icles of incorporation and	a check for:	
Filing Fee Filing	8.75 g Fee rtificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM To	0 4 5			
FROM: Jasen P- Angelo Name (Printed or typed)				
519 Wildwood way Apt. B				
<u> </u>	carwater T	-L 33756 7, State & Zip		
_(72	7) 812-9652 Daytime	Telephone number	<del></del> .	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2006

JASON P. ANGELO 519 WILDWOOD WAY APT B CLEARWATER, FL 33756

SUBJECT: PROFESSIONAL CABINET INSTALLATIONS, INC.

Ref. Number: W06000044857

We have received your document for PROFESSIONAL CABINET INSTALLATIONS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name Is not acceptable.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 806A00060895

Division of Corporations - P.O. ROY 6327 Tallahasson Florida 32314



October 31, 2006

JASON P. ANGELO 519 WILDWOOD WAY APT B CLEARWATER, FL 33756

SUBJECT: PROFESSIONAL CABINET INSTALLATIONS BY TEAM, INC.

Ref. Number: W06000044857

We have received your document for PROFESSIONAL CABINET INSTALLATIONS BY TEAM, 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):

You failed to make the correction(s) requested in our previous letter.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6928.

Letter Number: 306A00064330

Tim Burch
Document Specialist
New Filing Section

* · · · ·		
ARTICLES OF INCORPORATION		,
In compliance with Chapter 607 and/or Chapter 621, F.S.	(Profit)	Fo No
*		FILE 2006 NOV 15 SECRETARY C
ARTICLE I NAME		<u> </u>
The name of the corporation shall be:	- 0 T T	ASE = U
Professional Cabinet Installations	by Icam, ther	SH 5
•		PFS PF
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		I: 5:
	· .	7
519-Wildwood way Apt. B Clearwater, FC 33776	• . '	.4
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: \( \tau \)	- Participate in Il	ما در د م
The purpose for which the corporation is organized is:	T I U I A C .	phases of
Cabinet Industry Including : Building	, Introduction, 12 ctorb	ishing, Laminating,
Repair of cubincts to Commercial and	Residential Custo	m(/\$
ARTICLE IV SHARES		
The number of shares of stock is:		
/ <sub>1</sub> 000		
APTICLE II INTELL OFFICERS AND OR PE	2505050	
ARTICLE V INITIAL OFFICERS AND/OR DID List name(s), address(es) and specific title(s):	<u>ŒCTORS</u>	
President / Owner - Jason P. Angelo -	me sold and w	av Ant A.
Yrestdont / Owner - Juson V- Magulo -	SIA WILLIAMS	
	Clearwater, FL	33756
		•
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is	<b>5:</b>
Jason P. Angulo		
519 wildwood way Apt. B		
Clearwater, FL 33776		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
•		
Jason R Angulo Ant B		
ria wildwood way Apt B		
Clerqueter, FU 33776		a alle alle alle alle alle alle alle al
Having been named as registered agent to accept service of process for	n the above stated composition at the	nlang designated in this
certificate, I am familiar with and accept the appointment as registered		
Garan P. Amelin	alist	06
Signature/Registered Agent	D;	ate
	al1	<del></del>
Jacon In True W	9/15/	
Signature/Indorporator	Di	ate