

P07000000728

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/3/07

## COVER LETTER

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

CABINET CREATIONS OF PINELLAS, INC.

**SUBJECT:** \_\_\_\_\_  
(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

JOHN ROBERT STRAWHECKER

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

5577 64<sup>TH</sup> WAY NORTH, UNIT A

\_\_\_\_\_  
Address  
ST. PETERSBURG, FLORIDA 33709

\_\_\_\_\_  
City, State & Zip

727-548-7976

\_\_\_\_\_  
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:

**CABINET CREATIONS OF PINELLAS, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**5577 64<sup>TH</sup> WAY N., UNIT A  
ST. PETERSBURG, FL 33709**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**CABINET CREATION AND INSTALLATION**

### ARTICLE IV SHARES

The number of shares of stock is:

**100 SHARES OF COMMON STOCK**

### ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

**JOHN ROBERT STRAWHECKER  
5577 64<sup>TH</sup> WAY N., UNIT A  
ST. PETERSBURG, FL 33709**

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**JOHN ROBERT STRAWHECKER  
5577 64<sup>TH</sup> WAY N., UNIT A  
ST. PETERSBURG, FL 33709**

### ARTICLE VII INCORPORATOR

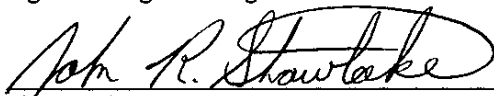
The name and address of the incorporator is:

**JOHN ROBERT STRAWHECKER  
5577 64<sup>TH</sup> WAY N., UNIT A  
ST. PETERSBURG, FL 33709**

*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

12-28-06  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-28-06  
Date

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA