(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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# TRANSMITTAL LETTER

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

SUBJECT:	Availabé Cab	inets. Inc	
Enclosed are an orig	(PROPOSED CORPORA)		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Robert L. Smith Name (Printed or typed)  2303 N. Federal Highury StE.19 Address			
-	(772) 461	34940 State & Zip - 9222 Elephone number	e

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

#### FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS

## **ARTICLES OF INCORPORATION**

07 JAN 22 AM 8: 14

**OF** 

### AVAILABLE CABINETS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be AVAILABLE CABINETS, INC.

#### ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall bee 2303 North Federal Highway, Suite 19, Ft. Pierce, Florida 34946.

#### **ARTICLE III PURPOSE**

The Corporation is a Corporation for profit, and is organized to engage in any or all lawful business, including but not limited to the sale and installation of Cabinets and all related work thereof.

#### **ARTICLE IV SHARES**

The maximum number of shares of stock that the corporation shall be authorized to have outstanding at any time shall be One Thousand (1000) shares of the par value of One Dollar (\$1.00) per share; all or any part of said shares may be issued by the Corporation from time to time and for such consideration as my be determined upon or fixed by the Board of Directors, as provided by law.

#### ARTICLE V INITIAL OFFICER(S) AND /OR DIRECTOR(S)

The name and address of the Initial Officer and/or Director is;

ROBERT L. SMITH

2303 NORTH FEDERAL HIGHWAY SUITE 19

FT. PIERCE, FLORIDA 34946

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street of the registered agent is:

ROBERT L. SMITH

2303 NORTH FEDERAL HIGHWAY SUITE 19

FT. PIERCE, FL 34946

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/ · "doviot	of January, 2007.	cuted these Articles of incorporation this A
uay oi	51 <u>Juni 279</u> , 2007.	
	11-10 21	
	Ofer I Smith	
***	ROBERT L. SMITH	

# CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE REGISTERD AGENT/REFISTERED OFFICE 07 JAN 22 AM 8: 14

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the Corporation is: AVAILABLE CABINETS, INC.
- 2. The name and street address of the Registered agent and Office is:

ROBERT L. SMITH 2303 NORTH FEDERAL HIGHWAY SUITE 19 FT. PIERCE, FL 34946

HAVING BEEN NAMED as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE Mobal T. Bull