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SECRETARY OF STATE
ALLAHASSEE, FI ORIO

MP

## **COVER LETTER**

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

SUBJECT:	Cabinet Produc	tion Studio,	Inc.
Enclosed are an orig	(PROPOSED CORPOR	ATE NAME – MUST INĆL ticles of incorporation and	
\$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 DPY REQUIRED
FROM:	813 Scott	Hubbard  The (Printed or typed)  Lake Vithge  Address  F1 33813  V. State & Zip	
	863 - 66	'	

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)

FILED

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE ALLAHASSEE. FLORIDA Cabinet Production Studio Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

813 Scott Lake Vittage North Lakeland, Fl 33813

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

To produce custom cabinets.

ARTICLE IV SHARES

100

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

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

Donald Ra Hubbard President 813 Scot Lake Village North Lakeland, FL 33813

ARTICLE VI REGISTERED AGENT

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

Donald R. Hubbard 813 Scott Lake Village North Lakeland, Fi 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald R. Hubbard 813 Scott Cake Village North Lakeland, FZ 33813

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

5/29/07 Date 5/29/07