

PO 7000/26/06

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

**COVER LETTER**

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

**SUBJECT: ARLEY GABINET CORP**

**(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: ARLEY VALDIVIA**

Name (Printed or typed)

**27316 SW 121 CT.**

Address

**HOMESTEAD, FL 33032**

City, State & Zip

**(786) 349-8056**

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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**ARLEY GABINET CORP**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

27316 SW 121 COURT  
HOMESTEAD, FL 33032

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

**100 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ARLEY VALDIVIA  
27316 SW 121 CT.  
MIAMI, FL 33032

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

ARLEY VALDIVIA  
27316 SW 121 COURT  
HOMESTEAD, FL 33032

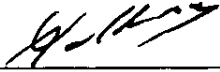
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

ARLEY VALDIVIA  
27316 SW 121 COURT  
HOMESTEAD, FL 33032

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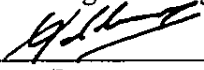
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Signature/Registered Agent

11/19/07

\_\_\_\_\_  
Date



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

11/19/07

\_\_\_\_\_  
Date