

PO8000003702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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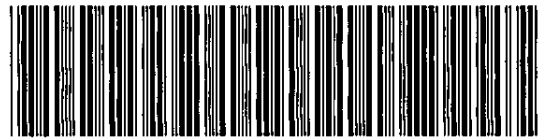
(Business Entity Name)

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01/04/08--01012--009 **78.75

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

VH
12/15

Charter Number Only

1/2/08 Elizabeth

Elizabeth Hidalgo
 Requestor's Name
 330 West 9th Street Suite 4
 Address
 thaleah TE 33010
 City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Julio's Kitchen Cabinets Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reservation	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Certified Copy of Articles	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out

Name
Availability
Document
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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2008

EMPIRE

SUBJECT: JULIO'S KITCHEN CABINETS INC.
Ref. Number: W08000000745

We have received your document for JULIO'S KITCHEN CABINETS INC. and your check(s) totaling \$78.75. 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.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 408A00001135

ARTICLES OF INCORPORATION

We, the undersigned as proper persons acting as Incorporators of a Corporation under the Laws of the State of Florida, adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

DE LA RIVA KITCHEN CABINETS INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

DADE COUNTY
4912 21 AVENUE SW
NAPLES FL. 34116

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TALLAHASSEE, FLORIDA

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100 \$ 1.00 par value

ARTICLE IV

The purpose of the corporation is:

To do business according to the Bi-Laws of the corporation.

ARTICLE V

The name and street address of the Incorporator to these Articles of Incorporation is:

LUIS A DE LA RIVA
4912 21 AVENUE SW
NAPLES FL. 34116



LUIS A DE LA RIVA - PRESIDENT
4912 21 AVENUE SW
NAPLES FL. 34116

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

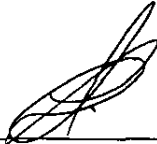
The name of the corporation is:

DE LA RIVA KITCHEN CABINETS INC.

The name and address of the Registered Agent is:

JULIO DE LA RIVA
4912 21 AVENUE SW
NAPLES FL. 34116

Signature: _____



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 A REGISTERED AGENT.

SIGNATURE: _____



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