## P08000047822

(Requesto	or's Name)				
(Address)					
(Address)					
(Addiess)	,				
(City/State	e/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business	· Entity Nama)				
(business	s Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing (	Officer:				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SHAPES MAY 13. 700

## **COVER LETTER**

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

SUBJECT: Artisan	Custom Cabinet Company (PROPOSED CORPOR	ATE NAME - MUST INC	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$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  OPY REQUIRED
FROM: R	obert K Weber	e (Printed or typed)	1.4000.4179
		· Carrier - Opens	
	5831 Tallowood Circle	Address	2008 F
	Fort Myers FI	33919	2008 MAY 1 SECRETAS ALLAHAS
	Cit	y, State & Zip	
	239-634-5870		AM IO:
	Daytime	Telephone number	<u> </u>

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

	OF INCORPORATION of Chapter 607 and/or Chapter 607 and Ch		)	
ARTICLE I The name of the	NAME corporation shall be:			
Artisan Custo	om Cabinet Compan	у		
5831 Tallowood Ci	mna19	dress, if different is:		
ARTICLE IV The number of sl	SHARES nares of stock is:			
ARTICLE V	INITIAL OFFICERS dress(es) and specific title	S AND/OR DIRECTO	<u>DRS</u>	
Michael Sharp	1327 SE 38th Street	Cape Coral, FI 33904	President	
Thomas Kindelan	3866 SE 13th Place	Cape Coral FI 33904	Vice President	
Robert K Weber	5831 Tallowood Circle	Fort Myers, FI 33919	Secretary /Treasurer	ZOOR HAY SECKET TALLAHA
ARTICLE VI	REGISTERED AC lorida street address (P.C 5831 Tallowood Circle	ENT		em e m
The name and F	lorida street address (P.C	D. Box NOT acceptable)	of the registered agent is	V 12 V 12 ASSI
		Fort Myers, FI 339	19	AH IO: 1
ARTICLE VII	INCORPORATOR	•		57 <b>CO</b>
Robert K Weber	ddress of the Incorporator 5831 Tallowood Circle	Fort Myers, FI 339	19	
	**************************************		nd agree to act in this capacity	_
		4/- :	<u>ς. β- C</u>	<del></del>
j	Signature/Registered Agen	ll/Incorporation	Da	ic .

Signature/Incorporator

Date