

# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6381

Account Name : MAXIMILIANO CONTADOR

Account Number : 120080000027 : (786)355-3333 Phone

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# FLORIDA PROFIT/NON PROFIT CORPORATION

### CUSTOM CLOSETS OF FLORIDA INC,

Certificate of Status	0
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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 16 AM 10: 18

## **COVER LETTER**

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

SLIBITECT, CUSTO	M CLOSETS OF FLORIDA INC.		
501317C1. <u></u> -	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	S78.75 Filing Fee	☐ \$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: DE	EXTER CUTHBERT Name	e (Printed or typed)	
	* 146.64	(1 12.000 V. 35P==)	
	15337 SW 61ST STREET		
		Address	
	MIAMI FL, 33193	y, State & Zip	
	Cit	y, State of Zip	
•	786-208-4188		
	Daytime	Telephone number	

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

SECRETARY OF STATE DIVISION OF CORPORATIONS:

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

CUSTOM CLOSETS OF FLORIDA INC,

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15337 SW 61ST STREET MIAMI FL, 33193

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING OF KITCHEN CABINETS AND CLOSET SPACE

### ARTICLE IV SHARES

The number of shares of stock is: 10000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
P- DEXTER CUTCHBERT 15337 SW 61ST MIAMI FL, 33193
VP- LUIS ALAIN COWLEY 18911 NW 52ND AVE MIAMI GARDENS FL, 33055
TR- DORIS CUTCHBERT 15337 SW 61ST MIAMI FL, 33193

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: DEXTER CUTCHBERT 15337 SW 61ST MIAMI FL, 33193

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: TOTAL CONSULTING GROUP 14748 SW 58 ST MIAMI FL, 33185

Having been named as registered agent to accept service of process for the	he above stated corporation at the place designated in
fertificate, I am familiar with and accept the appointment as registered age	nt and agree to act in this capacity
Signature Registered Agent	Date
	5-15-2008
Signature/Incorporator	Date