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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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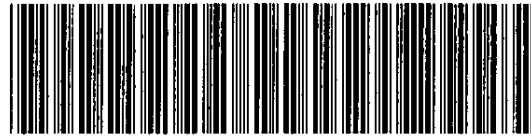
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 JUL 24 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO

COVER LETTER

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

SUBJECT: Gonzalez Cabinets Inc.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Fanny Peña

Name (Printed or typed)

4867 SW 75 Ave

Address

Miami, FL 33155

City, State & Zip

(305)267-5433

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)

ARTICLE I NAME

The name of the corporation shall be:

Gonzalez Cabinets Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4867 SW 75 Avenue Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cabinet Makers

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto Gonzalez
17914 SW 137 PL Miami, FL 33177
President

Fanny Peña
17914 SW 137 PL Miami, FL 33177
Secretary & Treasurer

ARTICLE VI REGISTERED AGENT

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

Fanny Peña
17914 SW 137 PL Miami, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fanny Peña
17914 SW 137 PL Miami, FL 33177

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

Fanny Peña

Signature/Registered Agent

07/21/08

Date

Fanny Peña

Signature/Incorporator

07/21/08

Date

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TALLAHASSEE, FLORIDA