

PD900000/449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

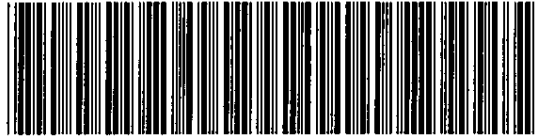
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/05/09--01037--004 \*\*78.75

FILED  
09 JAN -5 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/8/09

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Stenie B's 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  
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: \_\_\_\_\_

Steven M. Brodenick  
Name (Printed or typed)

5429 Simrak Street  
Address

Northport, FL 34287  
City, State & Zip

941-544-1809  
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)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

Stevie B's Cabinets, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

5429 Simrak Street  
Northport, FL 34287

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

## ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Steven M. Broderick - President  
5429 Simrak Street  
Northport, FL 34287

## ARTICLE VI REGISTERED AGENT

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

Steven M. Broderick  
5429 Simrak Street  
Northport, FL 34287

## ARTICLE VII INCORPORATOR

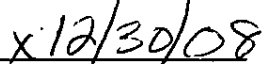
The name and address of the Incorporator is:

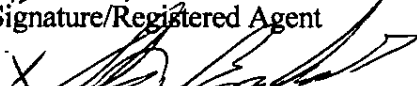
Steven M. Broderick  
5429 Simrak Street  
Northport, FL 34287

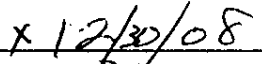
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date