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SLURETARY OF STATE
AND AHASSEF FLORIO

B. McKnight FEB 16 2009

COVER LETTER

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

SUBJECT.	oya Custom Cabinetry, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE <u>SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ju	an E. Moya		
	595 W 39 Place	(Printed or typed) Address	
	Hialeah, FL 33012	State & Zip	
	786-200-7930	Celenhone 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:

Juan Moya Custom Cabinetry, Inc.

ARTICLE II PRINCIPAL OFFICE

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

595 W 39 Place Hialeah, FL 33012

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Organized for the purpose of transacting any and all lawful business, managing business and regulatory affairs of the corporation.

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

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

Juan E. Moya President

595 W 39 Place Hialeah, FL 33012

REGISTERED AGENT ARTICLE VI

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

Juan E. Moya 595 W 39 Place Hialeah, FL 33012

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Juan E. Moya 595 W 39 Place

ialean, FL 33012	
*************	**********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agents.	
Signature/Registered Agent	Date
	09/23/2008
Signature/Incorporator	Date