

P10000055129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

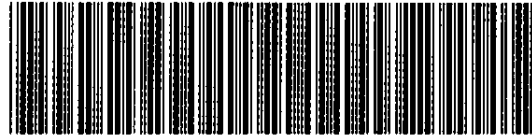
(Business Entity Name)

(Document Number)

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

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10 JUL -1 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0 3 10 20

## COVER LETTER

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

**SUBJECT:** America Advanced Cabinetry, 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:** Remy Pou

Name (Printed or typed)

249 NE 32 Ct.

Address

Oakland Park, FL 33334

City, State & Zip

954-561-1314

Daytime Telephone number

cpou@dadeschools.net

E-mail address: (to be used for future annual report notification)

**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:

America Advanced Cabinetry, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

249 NE 32 Ct. Oakland Park, FL 33334

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Build and sell Cabinets

## **ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Remy Pou, President  
17878 N Bay Rd  
Apt 404  
Sunny Isles Beach, FL  
33160

## **ARTICLE VI REGISTERED AGENT**

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

Connie Pou  
17878 N Bay Rd Apt 404  
Sunny Isles Beach, FL 33160

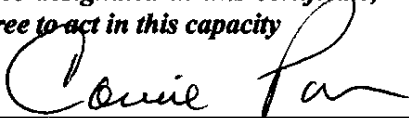
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Remy Pou  
17878 N Bay Rd Apt 404  
Sunny Isles Beach, FL 33160

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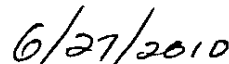
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



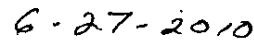
Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA