

**P11000005937**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305) 828-1148  
Fax Number : (305) 828-1709

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MENDEZ CABINETS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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11 JAN 18 AM 11:56  
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To Whom It May Concern:

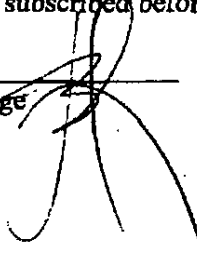
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Antuan Mendez, President MENDEZ CABINETS, INC. have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.

  
ANTUAN MENDEZ

Sworn to and subscribed before me this January 18, 2011

  
Notary at Large



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

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**ARTICLE I NAME** MENDEZ CABINETS, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
10619 NW 122 STREET  
MEDLEY FL 33178

Mailing address, if different is:  
10619 NW 122 STREET  
MEDLEY FL 33178

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ALL AND ANY LAWFULL BUSINESS**

**ARTICLE IV SHARES**  
The number of shares of stock is: **100**

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

Name and Title: <u>ANTUAN MENDEZ</u>	Name and Title: _____
Address: <u>10619 NW 122 STREET</u>	Address: _____
<u>MEDLEY FL 33178</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: ANTUAN MENDEZ  
Address: 10619 NW 122 STREET  
MEDLEY FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ANTUAN MENDEZ  
Address: 10619 NW 122 STREET  
MEDLEY FL 33178

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

01/18/2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

01/18/2011

Date