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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF SIMIL DIVISION OF CHROCKATE TO

100

COVER LETTER

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

UBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
Status Status Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	of
FROM: James M. Carr Name (Printed or typed)	
14719 Sydney Rd.	
Address	,
Dover Fl. 33527 City, State & Zip	OIVISION O
813-754-1685 Daytime Telephone number	A LARY OF CHASE O
floydnathaniel@msn.com F-mail address: (to be used for future annual report notification)	2:12

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 s	Carr's Cabinet's Inc.	or chapter our,	(. 1011.)	SECRE FARY DIVISION OF CO	Of 575 it.
ARTICLE II PRINCI Prin 14719 Sy Dover Fl.	PAL OFFICE cipal street address /dney Rd.	P.O. Bo Sydney	x 115 Fl.	2011 JAN 18 sss, if different is:	
ARTICLE III PURPOS The purpose for which the c Cabinet Manufacture	SE orporation is organized is:				
Name and Title: Jame		Name and Title	: <u>Floy Lenne</u> 14719 Sv	tt Carr Vice Pres dney Fl.	i <u>dent (o</u> wne
.3352 Name and Title:	9 Sydney FI.	- - _ Name and Title	33527		
-		- - _ Name and Title	·		
ARTICLE VI REGIST	TERED AGENT t address (P.O. Box NOT acceptable) of nes M. Carr				
<u>.Do</u>	719 Sydney Rd ver FL 33527 PORATOR e Incorporator is:	-		,	
Address: 147	nes M. Carr 19 Sydney Rd. ver Fl. 33527 stered agent to accept service of process	- - : for the above st	ated corporat	ion at the place de	signated in
this certificate, I am familiar	with and accept the appointment as reg	istered agent and			
I submit this document and	equired Signature/Registered Agent affirm that the facts stated herein are	true. I am aware		Date se information sub	omitted in a
1	of State constitutes a third degree felony M. Gara Required Signature/Incorporator	•	16 S.O.1 /. I J.J., I	01/12/11 Date	