

P11000012364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

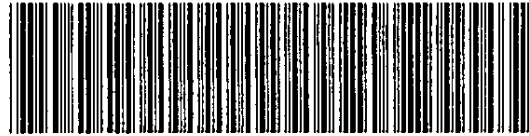
(Business Entity Name)

(Document Number)

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

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Office Use Only



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11 FEB -3 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/4

## COVER LETTER

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

SUBJECT: GB Cabinets Incorporated

(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gary R. Barnes

Name (Printed or typed)

3907 Palazzo St.

Address

Sebring, FL 33872

City, State & Zip

863-446-0676

Daytime Telephone number

GBCabinets@hotmail.com

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** GB Cabinets Incorporated

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3907 Palazzo St.  
Sebring, FL 33872

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Contractor-Cabinet Construction and Installation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Gary R. Barnes, President, Vice-President, Treasurer and Secretary

Address: 3907 Palazzo St.  
Sebring, FL 33872

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

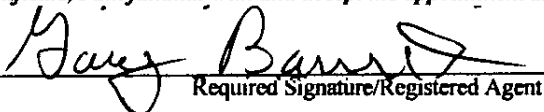
Name: Gary R. Barnes  
Address: 3907 Palazzo St.  
Sebring, FL 33872

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary R. Barnes  
Address: 3907 Palazzo St.  
Sebring, FL 33872

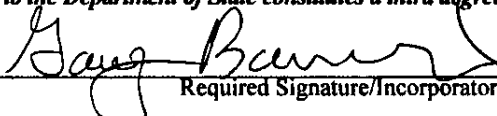
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
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

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**