

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

****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
MIAMI DESIGN CABINETS, CORP.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

J. S. Myers FEB 28 2011
02/25/11

RECEIVED
11 FEB 25 PM 1:46
DIVISION OF CORPORATIONS
FILED
2011 FEB 25 AM 10:23
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

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:

MIAMI DESIGN CABINETS, CORP.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**6540 WEST 20 AVE BAY 8
HIALEAH FL 33016**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **WILDER CURBEIRA PRESIDENT**Address: **6540 WEST 20 AVE BAY 8
HIALEAH FL 33016**

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: **WILDER CURBEIRA**Address: **6540 WEST 20 AVE BAY 8
HIALEAH FL 33016****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **WILDER CURBEIRA**Address: **6540 WEST 20 AVE BAY 8
HIALEAH FL 33016**

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

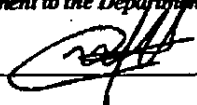


Required Signature/Registered Agent

02/16/2011

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

02/16/2011

Date

FILED
2011 FEB 25 AM 10:22
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

Monday, 02/16/2011

To Whom It May Concern:

I, WILDER CURBEIRA, President MIAMI DESIGN CABINETS, CORP. 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.


WILDER CURBEIRA

Sworn to and subscribed before me this 02/16/2011


Notary at Large



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA