

P11000048982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

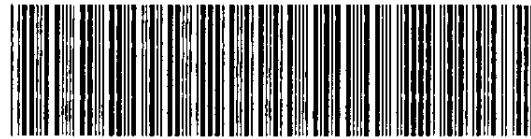
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 23 PM 4:27

APPROVED
FILED

5/24
5/23
96

W11000048982

COVER LETTER

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

SUBJECT: **A&T Legidos Cabinet Designs 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: **Raul Legidos**

Name (Printed or typed)

84 East 20 Street

Address

Hialeah, FL 33010

City, State & Zip

786-223-8169

Daytime Telephone number

raumaris4@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

5/23/11

CORPORATE DETAIL RECORD SCREEN

11:26 AM

NUMBER: W11000026699

REJECTED FILING

REJ: 05/13/2011

NAME : A&T LEGIDOS CABINET DESIGNS INC

SUBMIT BY: RAUL LEGIDOS

ADDRESS : 84 EAST 20 ST

HIALEAH, FL 33010

USER ID : JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

RECEIVED
11 MAY 23 AM 11:28
DIVISION OF CORPORATIONS

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: **A&T Legidos cabinet designs Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
84 East 20 Street
Hialeah FL 33010

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
General Carpentry

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Raul Legidos/ President**
Address: **84 East 20 Street**
Hialeah FL 33010

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: **Raul Legidos**
Address: **84 East 20 Street**
Hialeah FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Raul Legidos**
Address: **84 East 20 Street**
Hialeah FL 33010

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

05/18/2011

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

05/18/2011

Date

11 MAY 23 PM 4:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA