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(Requ	estor's Name)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
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COVER LETTER

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

SUBJECT: URIEL WOODWORKI	NG INC.
(PROPOSED CORPORA	TE NAME - <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COPY REQUIRED
FROM: ABA YEHUDA URIEL	
Name	(Printed or typed)
2170 BANCROFT PLAC	E APT D
A	Address
PALM HARBOR FL 346	883
City,	State & Zip
813-474-2884	elephone number
•	erephone number
abayehuda@gmail.com	tor 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 The name of the co	NAME rporation shall be:	URIEL WOODW	ORKING INC	> .		
2	PRINCIPAL OFFICE Principal street addi 170 BANCROFT PL ALM HARBOR FL 34	ress APT D		Mailing address, if different		
ARTICLE III						
The purpose for will PROVIDING	nich the corporation is or WOODWORKING	ganized is: SERVICES AND I	NSTALLATIO	ON		
	es of stock is: 2000 S	·				
ARTICLE V	INITIAL OFFICERS	<u>and/or director</u> el_dresident	S Name and Title	: <u></u>		
Address:	2170 BANCROF	T PL APT D	_ Address:	·		
	PALM HARBOR		-			
			<u></u>			
Name and Ti	ile: A. YEHUDA URIEI	L-SEC/TREASURER	Name and Title	D:		
Address:	2170 BANCROF	T PL APT D	Address:			
	PALM HARBOR	FL 34683	_			
Name and Tir Address:	ile:		Name and Title Address:	31		
			-		<u> </u>	P
ARTICLE VI	REGISTERED AGEN	TT .				o n
	ida street address (P.O. l	Box NOT acceptable) of	the registered age	nt is:	- S	<u> </u>
Name:	A. YEHUDA UF				o 8	ζ,,
Address:		ET PL APT D		•	A RP	30
	PALM HARBUI	R FL 34683	-		5 8	S S
	<u>INCORPORATOR</u>				6	-
	ress of the Incorporator is		•			
Name: Address:	1104 NIKKI VIE	SON, EA, CEP,ATA	Α.			
ridaress.	BRANDON FL		- -			
				ated corporation at the place agree to act in this capacity	e designated i	n
A. 9	Charle (9/1/	2011	
0	Required Signatur	re/Registered Agent		Da	ite	
	ment and affirm that the partment of State constitu			e that the false information in s.817.155, F.S.	submitted in	а
		1000×		9-	1-11	
	Required Signa	ture/Incorporator			rate ' '	