P12000010378

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ · Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200219233942

01/30/12--01016--003 **78.75

FILED

12 JAN 30 PH 3: 25

SECRETARY OF STATE

AND ANIASSES FOR DEMO

TE-Burch JAN 3120

COVER LETTER

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

SUBJECT: fusion cabinets, inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Pete Hysni	(Printed or typed)	
1844 Mary's Meadow La	ne Address	***
Palm Harbor, FL 34683		
727-639-5760 Daytime T	elephone number	
pete@fusioncabinets.cor E-mail address: (to be used	n I 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 The name of the cor	NAME fusion cabinets, inc.	FILED
	•	_ -
ARTICLE II	PRINCIPAL OFFICE Principal street address	12 JAN 30 PM 3: 25 Mailing address, if different is:
7	842 126th Ave No #7A	SECRETARY OF STATE
	argo, FL 33773	TALLAHASSEE, FLORINA
-		The man in the country of the state of the s
ARTICLE III	PURPOSE	
	nich the corporation is organized is:	
		all lawful activities or business permitted under
the laws of the	e United States, the State of FLorida	, or any other state, country, territory or nation.
	SHARES 10 000	
The number of share	es of stock is: 10,000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>
		Name and Title:
Address:	1844 Mary's Meadow Lane	Address:
	Palm Harbor, FL 34683	
	le:	Name and Title:
Address:		
		
		Name and Title:
Address:		Address:
450000000000000000000000000000000000000		
	REGISTERED AGENT ilda street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Pete Hysni	it the registered again is.
Address:	1844 Mary's Meadow Lane	-
	Palm Harbor, FL 34683	_
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Pete Hysni	_
Address:	1844 Mary's Meadow Lane Palm Harbor, FL 34683	-
Having been name	d as registered agent to accept service of proces	ss for the above stated corporation at the place designated in
	familiar with and accept the appointment as reg	
/		
1:		1/25/12
	Required Signature/Registered Agent	/ Date
I culmit this doors	nent and affirm that the facts stated havein an	e true. I am aware that the false information submitted in a
document to the De	partment of State constitutes a third degree felor	by as provided for in s.817.155, F.S.
	V _	1 ,
	11	1/25/12
	Required Signature/Incorporator	Date