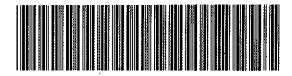
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(Requestor's Name)				
(Requestors Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing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

Office Use Only



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TALLAHASSEE, FLORIG

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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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rporation name(s) & docu	MENT NUMBER(S), (Office Use Only if known):
ARCKI	TCHEN 11	VC ·
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
(Corporation Name)	(Document #)	
Walk in Pick up time Mail out Will wait	2.06 Photocopy	Certified Copy Certificate of Status
TEW FILINGS	AMENDMENTS	**************************************
Profit Not for Profit Limited Liability Domestication Other		f R.A., Officer/Director gistered Agent Vithdrawal
DTHER FILINGS	REGISTRATIO	N/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partr Reinstatemer Trademark Other	

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>NAME</u>

ARTICLE I	NAME ARCKITCHEN IN	C	
The name of the o	corporation shall be:		
ADTICIET	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Mailing ad	dress, if different is:
	6337 WEST FLAGLER ST #33		AGLER ST # 33
	MIAMI		
	FLORIDA 33144	FLORIDA 33144	
<u>ARTICLE III</u>			
The purpose for	which the corporation is organized is:		
SALES OF A	ASSEMBLE KITCHEN CABINETS		
	•		
ARTICLE IV	SHARES		
The number of sh	ares of stock is:100 SHARES @ 1.00 F	PER VALUE	
ADTICLE II	INITIAL OFFICERS AND/OR DIRECT	TOPS	
Address:	Title:PRESIDENT ALFONSO RAMOS	Address:	
	6337 WEST FLAGLER ST # 33	3	
	MIAMI FL 33144		
	ot 1	1 771.1	
	Fitle:	Name and Title:	
Address:			
Name and 1	Title:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		-
	lorida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	20 70
Name:	ALFONSO RAMOS	ore, er and regions on agent in	
Address:	6337 WEST FLAGLER ST #	33	
	MIAMI FL 33144		22 28 28
. = =			m-<
	INCORPORATOR		
ne <u>name and ad</u> Name:	Idress of the Incorporator is:		Es es Es
Address:	ALFONSO RAMOS		RA S
Address.	6337 WEST FLAGLER ST MIAMI FL 33144	- HELL	EF 3
	HIVINITE COLTET		A
	hed as registered agent to accept service of p		
his certificate, I g	um famili@with and accept the appointment of	as registered agent and agree to ac	t in this capacity
IV_{α}	\mathcal{M}		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	uusff		02/16/2012
	Required Signature/Registered Agen	t	Date
	,)		
	ument and affirm that the facts stated herei		
tocument to the l	Department of State constitutes a third degree	fetony as provided for in s.817.155	, F.S.
$X \cup W_{\alpha}$	\mathcal{W}		0014010010
1 - Ta	uus T		02/16/2012
[Required Signature/Incorporator		Date