## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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 D.KITCHENS DESIGNS, CORP.

Certificate of Status	0
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Corporate Filing Menu

Help

Tuesday, March 20, 2012

To Whom It May Concern:

I, Yoel Diaz Campos, President D.Kitchens Designs, 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.

Yoel Diaz Campos

Sworn to and subscribed before me this 03/20/2012

Notary/at Large



12 HKR 20 PM I2: 59

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the cor	NAME D. KITCHENS DES	IGNS, CORP.		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing ad	Mailing address, if different is:	
2	970 W 84 Street Bay 5	2970 W 84 Stree		
	ialeah Gardens FL 33018	Hialeah Garden	s FL 33018	
-	THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL			
ARTICLE III	PURPOSE			
The purpose for wh	hich the corporation is organized is:			
ANY AND AL	L LAWFÜL BUSINESS			
ARTICLE IV	SHARES			
	res of stock is: 100			
4 D D C C C C C C C C C C C C C C C C C	THE STATE OF THE S	M P.C		
	INITIAL OFFICERS AND/OR DIRECT			
Address:	2070 W 84 Street Bay 5	Address:		
Augi css.	2970 W 84 Street Bay 5 HIAL FAH GARDENS FL 33018			
•				
	tle:	Name and Title:		
Address:	<u> </u>	Address:		
	· · · · · · · · · · · · · · · · · · ·			
Name and Ti	tle:	Name and Title:		
Address:		Address:		
	REGISTERED AGENT	-> -64b		
Name:	rida street address (P.O. Box NOT acceptable YOEL DIAZ CAMPOS	e) of the registered agent is:	1.2	
Address:	2970 W 84 Street Bay 5	<del></del>	13 E.	
Audi Oss.	HIAL FAH GARDENS FL 3301	<del>a</del>	HAR	
	·	<del></del>		
	<u>INCORPORATOR</u>		20	
	<u>lress</u> of the Incorporator is:			
Name:	YOEL DIAZ CAMPOS	<del></del>	2	
Address:	2970 W 84 Street Bay 5		2	
	HIALEAH GARDENS FL 3301	<u> </u>	1) 1	
Having been name	ed as registered agent to accept service of pro	ocess for the above stated corpor	ration at the place designated in	
	n familiar with and accept the appointment as			
, •	· · · · · · · · · · · · · · · · · · ·			
			03/20/2012	
	Required Signature/Registered Agent		Date	
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the f	alse information submitted in a	
aocument to the De	epartment of State constitutes a third degree fe	nony as provided for in s.817.15:	), F.S.	
		·	03/20/2012	
	Required Signature/Incorporator		Date	