

P12000082842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

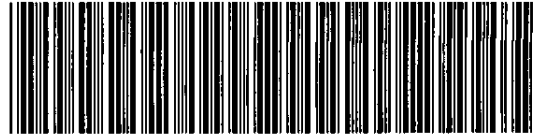
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Joshua Brown **ONE**

AUTHORIZATION BY PHONE TO  
CORRECT Article IV  
DATE 10/1/12  
DOC. EXAM MRB

Office Use Only



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09/28/12--01013--003 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 28 AM 11:44

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MRB  
10/1/12

## COVER LETTER

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

SUBJECT: JMB CABINetry 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: Joshua M Brown  
Name (Printed or typed)

17800 Medley Ave  
Address

Springhill, FL 34610  
City, State & Zip

727-534-3759  
Daytime Telephone number

JBrown4486@Yahoo.com  
E-mail address: (to be used for future annual report notification)

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

Joshua Matthew Brown

**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:

JMB CABINETRY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

~~17800~~  
17800 Medley Ave  
Spring hill, FL 34610

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

installation and removal of cabinets

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares of common stock, having a par value of One Dollar per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joshua M. Brown  
Address: President / Owner  
17800 Medley Ave  
Spring hill, FL 34610

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: Joshua M. Brown  
Address: 17800 Medley Ave  
Spring hill, FL 34610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joshua M. Brown  
Address: 17800 Medley Ave  
Spring hill, FL 34610

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

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

Date

FILED  
12 SEP 28 AM 11:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED  
12 SEP 28 AM 11:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

9/26/12

9-26-12