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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT: GVOII'S GSINT Shop INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Shane Carroll Name (Printed or typed) 669 Spence Rd Address				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2012

CARROLL'S CABINET SHOP INC 669 SPENCE RD. PELHAM, GA 31779

SUBJECT: CARROLL'S CABINET SHOP INC

Ref. Number: W12000057586

We have received your document for CARROLL'S CABINET SHOP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Complete the address for the Secretary.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II Supervisor New Filing Section

www.sunbiz.org

Letter Number: 012A00027530

Division of Compositions D.O. DOV 6207 Tallahanna Florida 2021

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

The name of the corporation shall be: Cavroll's Cabi number	+ shop Anc		
Principal street address (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	. Mailing address, if different is:		
pelham la 1179	> ⟨₁		
The purpose for which the corporation is organized is: (abinetry)	IZ NOV		
ARTICLE IV SHARES	ASSEE, FLOO		
The number of shares of stock is: OO	LORRIDA S		
Name and Title: Tammy budd Name Address: Y226 ben blud Addres Address: Falla hassel F 32 303	and Title:		
Name and Title: Shane Carroll (pres) Address: 669 (pence rd Address) Pelham 62 31779	and Title:ess:		
Name and Title: Breff Selles (Sect) Name Address: 304 Jang St p. 664 34 Addres Och locknes & 11773	and Title:ess:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg Name:	istered agent is: .		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Shane Canul Address: Linguist Connected All ham Canul			
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered	agent and agree to act in this capacity		
Regulired Signature/Registered Agent	//- /2 - /2 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.			