

P13000023795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

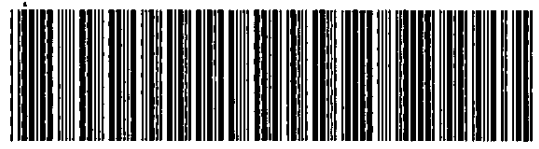
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/13--01007--013 **78.75

FILED
13 MAR 13 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-101149 CMD 3/14

COVER LETTER

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

SUBJECT: **Thee Cabinet Shoppe 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Thee Cabinet Shop**

Name (Printed or typed)

4994 Trott Cir. #17

Address

North Port, Florida 34287

City, State & Zip

(941)426-2442

Daytime Telephone number

theecabshop@comcast.net

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2013

THEE CABINET SHOP
4994 TROTT CIR., #17
NORTH PORT, FL 34287

SUBJECT: THEE CABINET SHOPPE INC.
Ref. Number: W13000010049

We have received your document for THEE CABINET SHOPPE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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
New Filing Section

Letter Number: 013A00004022

March 10, 2013

Florida Department of State
Division of Corporations

FILED
13 MAR 13 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thee Cabinet Shop got taken by another organization who we thought was you. I send a check to them for \$150 in 2012 thinking it was for my annual report. It turned out it wasn't. Now, this year (2013) I find out that the wrong company that got my money and my corporation has been dissolved/revoked. When I called your office, I was told that I needed to pay \$900 to be reinstated. The lady in the office whom I spoke to informed me that it would be cheaper to just form another corporation. This is not what I want to do but seeing my financial situation, it's my only option.

Enclosed, I have sent the companies papers that I paid the \$150 to. I would have preferred to keep my old corporation name, but if my only option is the \$900 fee, I will start over with a new name.

If that is my only choice then Gary Kearney and Scott Sams have no intention of reinstating, therefore, releasing the name for use to another entity.

Thank you for your understanding,
Gary Kearney & Scott Sams

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: Thee Cabinet Shoppe Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

4994 Trott Cir.17

North Port, FL 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: building and installing custom cabinets, furniture and countertops

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Kearney, President

Name and Title: Scott Sams, Vice Pres.

Address: 1315 Tinamou Rd.

Address: 2622 Brian St.

Venice, FL 34293

Venice, FL 34292

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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13 MAR 13 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Wendy Kearney

Address: 1315 Tinamou Rd.

Venice, FL 34293

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Gary Kearney

Address: 1315 Tinamou Rd.

Venice, FL 34293

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

Wendy Kearney
Required Signature/Registered Agent

2/13/2013

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.

Gary Kearney
Required Signature/Incorporator

2/13/2013

Date