

P13000032618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

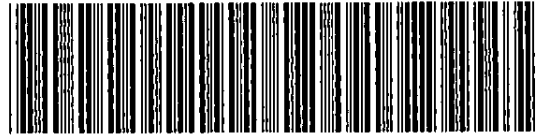
(Business Entity Name)

(Document Number)

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

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04/09/13--01018--006 \*\*78.75

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13 APR -9 PM12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
4/10/13

## COVER LETTER

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

**SUBJECT: K & T CUSTOM CABINET DESIGNS 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: SJ COOPER & ASSOCIATES**  
Name (Printed or typed)  
**3269 STURGEON BAY COURT**  
Address  
**NAPLES, FL 34120**  
City, State & Zip  
**239-398-3637**  
Daytime Telephone number  
**keithmcpmail@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME** K & T CUSTOM CABINET DESIGNS INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1106 NW 20TH STREET  
CAPE CORAL , FL 33993

Mailing address, if different is:  
3269 STURGEON BAY COURT  
NAPLES, FL 34120

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**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: A LEGAL & PROFESSIONAL CORPORATION.

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title: TANYA McPHAIL  
Address: 1106 NW 20TH STREET  
CAPE CORAL, FL 33993  
PRESIDENT

Name and Title: KEITH McPHAIL  
Address: 1106 NW 20TH STREET  
CAPE CORAL, FL 33993  
VICE PRESIDENT

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(cont.)

FILED

Name and Title: _____	Name and Title: <u>13 APR -9 PM 12: 37</u>
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

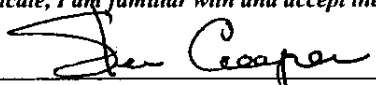
Name: STEVEN COOPER  
Address: 3269 STURGEON BAY COURT  
NAPLES, FL 34120

**ARTICLE VII INCORPORATOR**

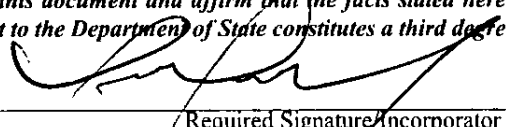
The **name and address** of the Incorporator is:

Name: LYNN BLOODGOOD  
Address: 3269 STURGEON BAY COURT  
NAPLES, FL 34120

*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	<u>4/3/2013</u> _____ Date
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*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	<u>4/3/2013</u> _____ Date
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