

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000203338 3)))



H130002033383ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

\*\*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  
AMADO CABINET INSTALLER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 9/13

FILED

13 SEP 12 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

13 SEP 12 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**AMADO CABINET INSTALLER, INC.**  
**(name of corporation)**

FILED  
13 SEP 12 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: **AMADO CABINET INSTALLER, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00 ) par value common stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and name of the at office is:

NAME	AMADO URQUIETA				
ADDRESS	19452 HAMPTON DRIVE				
CITY	BOCA RATON	STATE	FL	ZIP	33434

The principal office, if known or the mailing address of the corporation is:

NAME	AMADO URQUIETA				
ADDRESS	19452 HAMPTON DRIVE				
CITY	BOCA RATON	STATE	FL	ZIP	33434

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

NAME	AMADO URQUIETA		
ADDRESS	19452 HAMPTON DRIVE		
CITY	BOCA RATON	STATE	FL ZIP 33434
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

FILED  
 13 SEPT 12 AM 11:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

#### ARTICLE VII - INCORPORATORS

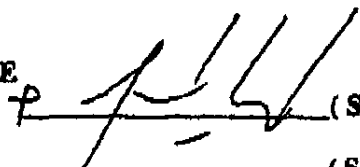
The name and addresses of the incorporators signing theses Articles of Incorporation are as follows :

NAME	AMADO URQUIETA		
ADDRESS	19452 HAMPTON DRIVE		
CITY	BOCA RATON	STATE	FL ZIP 33434
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 30<sup>TH</sup> day August, 2013.

PREPARED: SOSA ACCOUNTING TAX SERVICE  
 570 EAST 49 STREET  
 HIALEAH, FL 33013

(305) 688 - 1716  
 (305) 688 - 1714

 (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**AMADO CABINET INSTALLER, INC.**

FILED  
13 SEP 12 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

**Address**

**19452 HAMPTON DRIVE**

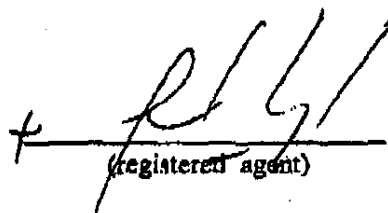
**BOCA RATON, FL 33434**

**Has named AMADO URQUIETA**

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Law in keeping open said office.

  
(registered agent)