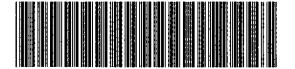
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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
iN3-6	0124			

Office Use Only



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DIVISION OF CORPORATIONS

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COVER LETTER

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

S 1 1 1 1 1 1

SUBJECT: Southern Cabinets Distributors (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 DPY REOUIRED	
		ADDITIONAL COPY REQUIRED		

FROM: Thomas Jones
Name (Printed or typed)
2677 Forest Hill Blvd STE 124
Address
West Palm Beach, FL 33406
City, State & Zip
561-432-0477
Daytime Telephone number
AKBDesigns@ATT.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

October 29, 2013

THOMAS JONES 2677 FOREST HILL BLVD STE 124 WEST PALM BEACH, FL 33406

SUBJECT: SOUTHERN CABINETS DISTRIBUTORS

Ref. Number: W13000060124

We have received your document for SOUTHERN CABINETS DISTRIBUTORS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 913A00025206

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

The name of the corporation shall be: Souther	rn Cabinets Distributors Corporation
ARTICLE II PRINCIPAL OFFICE Principal street address 2677 Forest Hill Blvd STE 124	Mailing address, if different is: 2677 Forest Hill Blvd STE 124
West Palm Beach, FL 334	West Palm Beach, FL 33406
	<u> </u>
ARTICLE III PURPOSE The purpose for which the corporation is organized	is: Distribution of wholesale kitchen cabinets
APTICI F IV SUAPES 400	SECRET 2113 NOV
ARTICLE V SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/O	-6 PP
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and	1 Title:	Name and Title:	2013 NOV -6 PM 3= 1 1
Address		Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Thomas Jones		
Address:	829 Maddock St		
	West Palm Beach, FL 33406	•	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Karen Penrose		
Address:	2188 Bermuda Rd	_	
	Palm Springs, FL 33406		
Having been nam this certificate, I a	ned as registered agent to accept service of process im familial with and accept the appointment as reg	for the above stated corp istered agent and agree to	poration at the place designated in pact in this capacity 10/25/2013
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Kare	Required Signature/Incorporator		10/25/2013
•	Required Signature/meorporator		Date