

PA000015477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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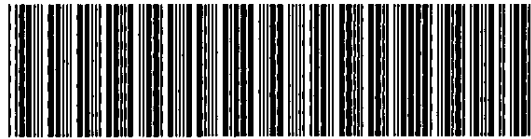
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Associated Kitchen and Bath Corp.**

(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: **Gilbert L. Mark Jr.**

Name (Printed or typed)

403 N.W. Shoreview Drive

Address

Port Saint Lucie, Florida 34986

City, State & Zip

561-305-3426

Daytime Telephone number

onegraz@gmail.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

The name of the corporation shall be: Associated Kitchen and Baths Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

403 N.W. Shoreview Drive

Port Saint Lucie

Florida 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales and installation of kitchen and bath cabinets.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gilbert L. Mark Jr.

Name and Title: _____

Address: President

Address: _____

403 N.W. Shoreview Drive

PSL, Fl. 34986

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gilbert Mark Senior
Address: 403 N.W. Shoreview Drive
PSL, FL. 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GILBERT L. Mark JR.
Address: 403 N.W. Shoreview Drive
PORT SAINT LUCIE, FL. 34986

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

Gilbert L. Mark Jr. 2/8/14
Required Signature/Registered Agent 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.

Gilbert L. Mark JR. 2-8-2014
Required Signature/Incorporator Date

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