## PK100019921

(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

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

SUBJECT:	Austom Cabinets (PROPOSED CORPORA	of Central	Florida
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
FROM:	Benjamin Velez Name		
	1316 Easton G		25.
<u></u>	The state of the s	. •	
- 198	321 - 460 - 2 Payting T	clephone number	

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

Mrvelez 007@ Yahoo.com
E-mail address; (to be used for future annual report notification)



January 29, 2014

BENJAMIN VELEZ 1316 EASTON ST. ORLANDO, FL 32825

SUBJECT: CUSTOM CABINETS OF CENTRAL FLORIDA

Ref. Number: W14000006108

We have received your document for CUSTOM CABINETS OF CENTRAL FLORIDA and your check(s) totaling \$70.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Remove the percentage sign (%) from Article IV. List the total number only.

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

www.sunbiz.org

Letter Number: 714A00002027

## **COVER LETTER**

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

SUBJECT: <u>Ce</u>	utral Florida C	Custom Cabineti Drate NAME - MUST INCL	y & Remode
	(PROPOSED CORPO	DRATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the	e articles of incorporation and	d 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
	•	ADDITIONAL CO	PY REQUIRED
FROM:	Benjamin Vel 1316 Easton		
	Orlando FL.	32825	
	321 - 460 - 2 Raylin	158 Telephone number	
· <del></del> -	mrvelez 0071	@ Yahoo. Om used for future annual report	notification)

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



February 17, 2014

BENJAMIN VELEZ 1316 EASTON ST. ORLANDO, FL 32825

SUBJECT: CENTRAL FLORIDA CUSTOM CABINETRY & REMODELING INC.

Ref. Number: W14000006108

We have received your document for CENTRAL FLORIDA CUSTOM CABINETRY & REMODELING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Remove the percentage sign (%) from Article IV. List the total number only.

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: 714A00002027

www.sunbiz.org

District of Community D.O. DOV COOF Mullaharman Florida 2021

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

	NCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
	RIS. ORIANDO FL 32807	<del>-</del>	RD Orlando Pl. 3
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		unit Boi	
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Name and Title	e:	Name and Title:	
Address		Address:	
	GISTERED AGENT street address (P.O. Box NOT acceptable) o	of the registered agent is:	
-			产品 元
Address:	Bujanier Velez 316 Easton St.		MAR -3
<u></u>	Irlando RL. 32825.	_	
ARTICLE VII INC	CORPORATOR		AH 8: 42
The <u>name and address</u>	•		E TO
Name:	Benjamin Velez	<del>-</del> -	
Address:	Benjamin Velez 1316 Easton St	<del>~~</del>	
-	Orlando FL. 32825.	<del></del>	
	s registered agent to accept service of proces miliar with and accept the appointment as re		
Z.	le (huminu		01-12-14.
	Required Signature/Registered Agent		Date
I submit this documen	t and affirm that the facts stated herein are tment of State constitutes a third degree felo	true. I am ayyare that the fa	else information submitted in 5, F.S.
R	Required Signature/Incorporator	``	02-12-14
	Okedinica Signature/incorporator		บลเบ