P14000039591

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE OIVISION OF STATE

July proportion

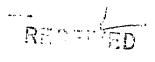
COVER LETTER

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

SUBJECT: K	TLHEN E TOP D (PROPOSED CORPORA	ESIGNS INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	icles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Frency Nam		
	2141 SW	Address	
	MIAMI,	FL , 33165 State & Zip	-
<u></u>	(305) 9 Daytime 1	84-1333 Telephone number	
	KITCHENNTOPS (
	E-mail address: (to be use	d for future annual report	notification)

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





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FLORIDA DEPARTMENT OF STATE SEGMENT OF CTARE Division of Corporations

Free Addition of the Comba

April 10, 2014

FREDDY BETANCU 2141 SW 89 CT MIAMI, FL

SUBJECT: KITCHEN & TOP DESIGNS

Ref. Number: W14000017654

We have received your document for KITCHEN & TOP DESIGNS 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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 214A00005975



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2014

FREDDY BETANCU 2141 SW 89 CT MIAMI, FL

SUBJECT: KITCHEN & TOP DESIGNS

Ref. Number: W14000017654

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

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 214A00005975

621

www.sunbiz.org

Division of Corporations - P.O. ROY 6327 Tallahassaa, Florida 32314

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

AR CLE I No.	AME pration shall be: KNCHE	407 P H	DESIGNS	INC-	
2141 51	RINCIPAL OFFICE Principal street address Sq LT.		Mailing addr	ess, if different is:	
Mail	FL 33165				
	RPOSE h the corporation is organized is:			CABINETS DIVISION HAY	
				- ECR-5	TAINE AULT
			nd Title:	,	
Address	·	Addres		NA	- -
Name and Tit Address	- N/A	Name a		N/A	
Name and Tit Address	t n	Name a Addres		NA	

Name and T	itle:	Name and Title:	
Address	NA	Address:	<u> </u>
	EGISTERED AGENT		
The name and Florid	da street address (P.O. Box NOT acceptable)		
Name: _	FREDDY BETANCUR	_	
Address:	2141 SW 89 CF.		
_	MIAMI FL 33165	_	
ARTICLE VII I	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	NATALIA LOPEZ	_	
Address:	ZIMISW BOCT.		
	MIAMI, FL, 33165		
Having been named this certificate, I am	as registered agent to accept service of proce familiar wiri and accept the appointment as r	egistered agent and agree to act in th	is capacity
	full of the		11-22-14. Date
	Required Signature/Registered Agent		Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein ar a <u>rtment of State constitutes a tisera degree f</u> elo	e true. I am aware that the false inf ony as provided for in s.817.155, F.S.	formation submitted in a
	MMHHT		3-14-14 Date
	Required Signature/Incorporator		Date