

P14 00059434

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : 1850 617-6361

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : 120100000060
Phone : 305 828-1148
Fax Number : 305 828-1709

****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
MISTER CABINET DELUXE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 JUL 11 PM 2:02

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Corporate Filing Menu

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7/14/11

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: MISTER CABINET DELUXE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2280 WEST 77 STREET

HIALEAH FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SILVIO BARRIERO PRESIDENT
Address: 2280 WEST 77 STREET
HIALEAH FL 33016

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: SILVIO BARRIERO
Address: 2280 WEST 77 STREET
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SILVIO BARRIERO
Address: 2280 WEST 77 STREET
HIALEAH FL 33016

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



Required Signature Registered Agent

07/11/2014

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.



Required Signature Incorporator

07/11/2014

Date