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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: ENART CABINETS 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: ENRIQUE HENRIQUEZ
Name (Printed or typed)

1629 NW NORTH RIVER DR APT 505
Address

MIAMI, FL 33125
City, State & Zip

786-925-0892
Daytime Telephone number

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:

ENART CABINETS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1629 NW North River Dr #505
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ENRIQUE HENRIQUEZ - President

Address

1629 NW North River Dr #505
MIAMI, FL 33125

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(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: ENRIQUE HENRIQUEZ
Address: 1629 NW NORTH RIVER DR APT 505
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ENRIQUE HENRIQUEZ
Address: 1629 NW NORTH RIVER DR APT 505
MIAMI, FL 33125

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

X [Signature]
Required Signature/Registered Agent

07/29/14
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.

X [Signature]
Required Signature/Incorporator

07/29/14
Date

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DIVISION OF CORPORATIONS
OFFICE OF THE CLERK