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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 9 2015

S. GILBERT

COVER LETTER

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

SUBJECT: VPA PEÑA CABINET INC.
(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: Vicente Peña
 Name (Printed or typed)
6965 W 12 LN
 Address
Hialeah FL 33014
 City, State & Zip
786-879-2830
 Daytime Telephone number
vicede89@yahoo.com.
 E-mail address: (to be used for future annual report notification)

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

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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: VPA Peña Cabinet Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6965 W 12 LN
Hialeah FL, 33014

FILED
15 MAR - 5 AM 7:03
MAILING ADDRESS, IF DIFFERENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cabinet Installations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vicente Peña P. Name and Title: _____

Address: 6965 W 12 LN Address: _____
Hialeah FL, 33014

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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:

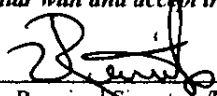
Name: VICENTE PEÑA
Address: 6965 W, 12 LN
Hialeah FL, 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICENTE PEÑA
Address: 6965 W, 12 LN
Hialeah FL, 33014

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

02/27/15
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

02/27/15
Date