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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20073000160
Phone : (800) 494-3124
Fax Number : (305) 675-2311

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
OCEAN KITCHEN CABINETS COMPANY

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SEP 18 2015

S. GILBERT

H15000224280 3

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:

OCEAN KITCHEN CABINETS COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4445 SW 35TH TERRACE, STE 200
GAINESVILLE, FLORIDA 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
RENE P ARANGO
501 SW 75TH STREET #H-7
GAINESVILLE, FLORIDA 32607

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H15000224280 3

H15000224280 3

PAGE 2 OCEAN KITCHEN CABINETS COMPANY

ARTICLE VI REGISTERED AGENT

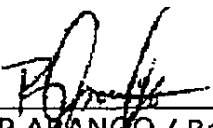
The name and Florida street address of the registered agent is:

RENE P ARANGO
4445 SW 35TH TERRACE, STE 200
GAINESVILLE, FLORIDA 32608

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

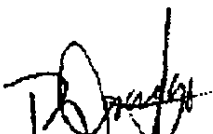
RENE P ARANGO
4445 SW 35TH TERRACE, STE 200
GAINESVILLE, FLORIDA 32608



RENE P ARANGO / Registered Agent

8-23-15
Date

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.



RENE P ARANGO /Incorporator

8-23-15
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.

H15000224280 3