

P15000089496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

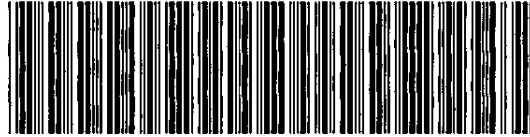
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/15--01011--008 **78.75

15 OCT 29 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
10-24-2015

NOV - 6 2015

T CANNON

COVER LETTER

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

SUBJECT: Ruiz Custom Cabinets, 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: Edwin Ruiz

Name (Printed or typed)

285 NE 41 Court

Address

Pomano Beach, FL 33064

City, State & Zip

954-592-9796

Daytime Telephone number

rclark.nextlevel@gmail.com

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: Ruiz Custom Cabinets Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

285 NE 41 Court

Pompano Beach, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: build custom cabinets

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edwin Ruiz, President

Name and Title: _____

Address 285 NE 41 Court

Address: _____

Pompano Beach, FL 33064

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 29 PM 2:36

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: Edwin Ruiz _____

Address: 285 NW 41 Court _____

Pompano Beach, FL 33064 _____

ARTICLE VII INCORPORATOR

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

Name: Edwin Ruiz _____

Address: 285 NW 41 Court _____

Pompano Beach, FL 33064 _____

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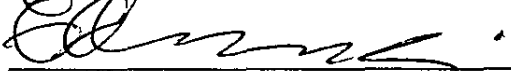
ARTICLE VIII EFFECTIVE DATE: 10/24/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

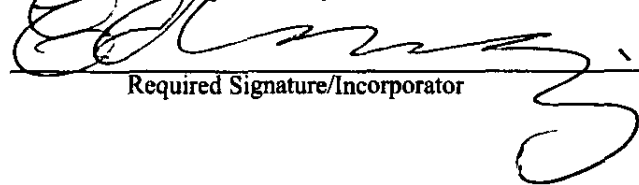


Required Signature/Registered Agent

10/23/2015

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

10/23/2015

Date