

P16000021573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

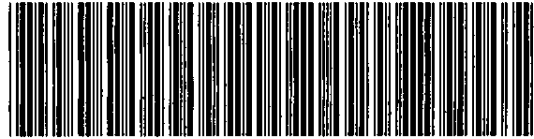
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
CLERK OF COURT  
JANUARY 16, 2016  
TALLAHASSEE, FLORIDA

16 MAR - 1 PM 12:48

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3/1/16

## COVER LETTER

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

**SUBJECT:** STARTERS DISPLAY & KITCHEN CABINETS PLUS 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:** Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City, State & Zip

877-330-2677

Daytime Telephone number

irittaregan@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

16 MAR - 1 PM 12:48

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**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)

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**ARTICLE I NAME**

The name of the corporation shall be: STARTERS DISPLAY & KITCHEN CABINETS PLUS INC. 16 MAR -1 PM 12: 48

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

5548 PARK ROAD

FORT LAUDERDALE, FL 33312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Carpentry business specializing in wood displays

**ARTICLE IV SHARES**

The number of shares of stock is: 5000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Irit Taregan - PRESIDENT

Name and Title: Jake Dayan- TREASURER

Address 5548 Park Road

Address: 5548 Park Road

Fort Lauderdale, FL, 33312

Fort Lauderdale, FL, 33312

Name and Title: Eilan Taregan - VICE PRESIDENT

Name and Title: \_\_\_\_\_

Address 5548 Park Road

Address: \_\_\_\_\_

Fort Lauderdale, FL, 33312

Name and Title: Natalie Dayan - SECRETARY

Name and Title: \_\_\_\_\_

Address 5548 Park Road

Address: \_\_\_\_\_

Fort Lauderdale, FL, 33312

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: Incorp Services, Inc  
Address: 17888 67th Court North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

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

Name: MyUSACorporation.com  
Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801-5769

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16 MAR - 1 PM 12:48  
DEPARTMENT OF STATE  
ALABAMA SECRET OF STATE

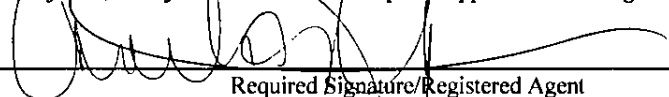
**ARTICLE VIII EFFECTIVE DATE:**

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.)

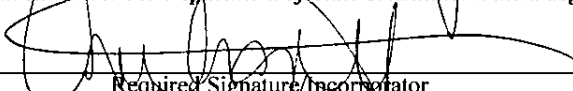
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

02/23/2016  
\_\_\_\_\_  
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

02/23/2016  
\_\_\_\_\_  
Date