

PI6000042563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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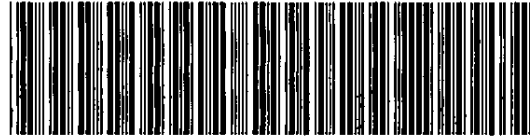
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TGT
5-18-16

COVER LETTER

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

SUBJECT: A-1 Custom Kitchens & Trim, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Magdami Marcos

Name (Printed or typed)

361 15th St SW

Address

Naples, FL 34117

City, State & Zip

239-352-0202

Daytime Telephone number

magymarcos@live.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: A-1 Custom Kitchens & Trim, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1265 Wildwood Lakes Blvd APT 204

Naples, Florida 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For All Legal Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarai Alvarez Barban, Treasure

Address 1265 Wildwood Lakes Blvd

Apt. 204

Naples, Florida 34104

Name and Title: Carlos Alvarez, President

Address: 1265 Wildwood Lakes Blvd

Apt. 204

Naples, Florida 34104

Name and Title: Raul Alvarez, Vice President

Address 8107 Sanctuary Drive

Apt. 1

Naples, Florida 34104

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
FLORIDA
JAN 11 2011
10:11 AM

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: Sarai Alvarez Barban

Address: 1265 Wildwood Lakes Apt. 204

Naples, Florida 34104

ARTICLE VII INCORPORATOR

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

Name: Magdami Marcos

Address: 361 15th ST SW

Naples, Florida 34117


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

05/04/2016
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

05/04/2016
Date

FILED
16 MAY -9 AM 8:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA