

To: 8506176381

DIVISION

CTIONS

P14000069676

From: Fax 30 231 2028

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
VIERA CABINETS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Monday, August 1, 2016

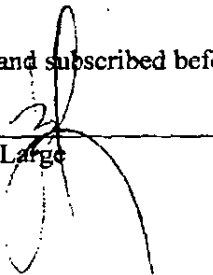
To Whom It May Concern:

I, Miguel Viera , President VIERA CABINETS INC have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.


Miguel Viera

Sworn to and subscribed before me this 08/01/2016


Notary at Large



2016 AUG 23 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: VIERA CABINETS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1670 NW 121 STREETNORTH MIAMI FL 33167**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL VIERA PRESIDENT

Name and Title: _____

Address 1670 NW 121 STREET

Address: _____

NORTH MIAMI FL 33167

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

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MIGUEL VIERA
Address: 1670 NW 121 STREET
NORTH MIAMI FL 33167

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MIGUEL VIERA
Address: 1670 NW 121 STREET
NORTH MIAMI FL 33167

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/22/2016 (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

Miguel Viera
Required Signature/Registered Agent

08/22/2016

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.

Miguel Viera
Required Signature/Incorporator

08/22/2016

Date

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