

PH00010026

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 : FASTKIT CORP
Account Number : 1201000000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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
CABINETS FOR YOU FLORIDA, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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JAN 31 AM 9:24
DIVISION OF STATE
CORPORATIONS
FLORIDA



January 31, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: CABINETS FOR YOU FLORIDA, INC
REF: W17000008805

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000028338
Letter Number: 117A00001921

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

ARTICLE I NAME CABINETS FOR YOU FLORIDA, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address _____

MICHAEL FERIA _____

3661 SW 9 TERRACE STE 502 _____

MIAMI, FL, 33135 _____

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CABINETS INSTALLER

ARTICLE IV SHARES

100 PER VALUE \$ 1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL FERIA DIRECTOR

Address: 3661 SW 9 TERRACE STE 502

MIAMI, FL, 33135

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

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AND
FILED

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: MICHAEL FERIA
Address: 661 SW 9 TERRACE STE 502
MIAMI, FL, 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL FERIA
Address: 661 SW 9 TERRACE STE 502
MIAMI, FL, 33135

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 days prior or 90 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.

[Signature]
Required Signature/Registered Agent

1/30/17
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.817.115, F.S.

[Signature]
Required Signature/Incorporator

1/30/17
Date