## Division of Corporations Electronic Filing Cover Sheet

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(((H17000058168 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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## FLORIDA PROFIT/NON PROFIT CORPORATION BEST PRICE CABINETS CORP.

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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

H17000058188

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of **Best Price** Cabinets of Doc# of O 239 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

Roberto Digz

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Tax ID:

59-2064083

ARTICLE | NAME: The name of the corporation is:

2017 MAR - 1	AM 10: 40
TALLAHASSEE	UF STATE E. FLORIDA

Best	Price	Cabinet	-2	COrp.		
ARTICLE II PRINCIPAL OFFICE:						
The principal street address and mailing address is:						
10473 S.W. 40 ST						
Unit #18						
	1iami	<u> </u>	331	<u>5ما</u>		
ARTICLE III	SHARES: The r	number of shares of stoe	k is:O	8		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:						
Roberto Digz (P)						
415	$\overline{w}$	<u>Park</u>	DR			
Mic	ami	FL	<u>331'</u>	72_		
		<u></u>	<del> </del>			
			<u> </u>	<del></del>		
ARTICLE V	INITIAL REG	<u>ISTERED AGENT AN</u>	ID STREET A	DDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:						
_	erto	D192				
415	w `	Park	DR_	井102		
Mi	ami	FL	<u>331</u>	12		
ARTICLE VI	INCORPORA	<b>TOR:</b> The name and ad	dress of the Inc	corporator is:		
Rot	perto	Diaz				
415	<u> </u>	park-	<u> DR</u>	#10		
Mi	ami	FL	<u> 25</u>	172		

LAZARUS

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2017 MAR - 1 AM 10: 409 170 0005 21 68

Required Signatures:

SECULIARY OF STATE TALLAHASSEE, FLORIDA 3

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

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.