

**P17000041543**

Florida Department of State  
Division of Corporations  
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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  
D.KITCHENS DESIGNS, CORP.**

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

17 MAY -9 PM 3:57

17 MAY -9 AM 9:09

5-9-2017

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: D.KITCHENS DESIGNS,CORP.

Document #W16000029270

To Whom it May Concern:


Please be advised that I will not revoke dissolution to D.KITCHENS DESIGNS,CORP. Document# P14000018198, therefore releasing the name to be used again. With that said, I am enclosing the articles to form a new Corporation using the same name.

If you have any questions, you may call my office at (786)348-3977

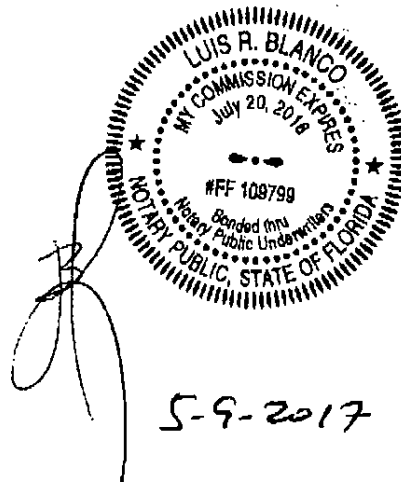
Thank you,

YOEL DIAZ CAMPOS

President



5-9-2017



17 MAY -9 AM 9:09

**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: D. KITCHENS DESIGNS, CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2970 W 84 Street Bay 5  
Hialeah Gardens FL 33018

Mailing address, if different is:

**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: YOEL DIAZ CAMPOS PRESIDENT

Address: 2970 W 84 Street Bay 5  
Hialeah Gardens FL 33018

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

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

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

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

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

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

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

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

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

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

(conti.)

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: YOEL DIAZ CAMPOS  
Address: 2970 W 84 Street Bay 5  
Hialeah FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YOEL DIAZ CAMPOS  
Address: 2970 W 84 Street Bay 5  
Hialeah FL 33016

*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

5-9-2017  
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

5-9-2017  
Date