Florida Department of State

PAGE

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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-5381

From;

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 PRO CUCHO CABINE		2019 HAR SECRETA
Certificate of Status	9	
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Corporate Filing Menu

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CINCING CARLANT TO CONTRACT OF THE COMPORTATION IS:	
CUCHO CABINETS CORP	_
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
540 SE 2 NO ST HIALEA	LL 67
	FC.
33010	
·	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	ŗ
EUMELIO GUTIERREZ MUN	ERO (P
	
	
1.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD	RESS:
The name and Florida street address (PO Box not acceptable) of the registered	agent is:
Eumelio GUTIERREZ MUNERO	
540 SE 2Nd ST	<u></u>
Haleah, FL 33010	
ARTICLE VI INCORPORATOR: The name and address of the Incorpo	
Fig. 6. Line name and address of the Incorpo	rator is:
Eumelio Gutierrez Munero	
540 SE 2nd ST.	
- Haleah, FL 33010	

Required Signatures:

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.

Incorporator OZ Z8 Z019