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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
A H C CUSTOM WOOD DESIGN CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 NOV -7 PM 3:26

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: A H C Custom Wood Design Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10943 S.W. 124 Rd.
MIAMI FL 33176**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FOR CUSTOM FINISH CARPENTRY
KITCHEN, VANITIES, WALL UNITS, OFFICES ETC.**ARTICLE IV SHARES**The number of shares of stock is: 0**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE ANTONIO PEREZ - (PRESIDENT)Address: 10943 SW 124 Rd.
MIAMI FL 33176Name and Title: AURORA PEREZ - (SECRETARY)Address: 10943 SW 124 Rd.
MIAMI FL 33176

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11-6-19 (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:

Jose A. Perez
Required Signature/Registered Agent

11-6-19
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.

Jose A. Perez
Required Signature/Incorporator

11-6-19
Date