

P20000028703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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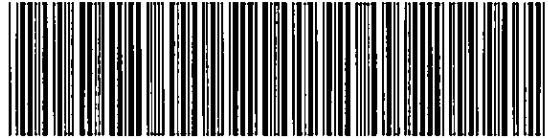
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 FEB 25 AM 8:55

STATE

J. FASON

APR 09 2020

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: FLORIDA CABINETRY AND TRIM, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANTHONY L. WARD  
Name (Printed or typed)

109 NE 20TH AVE  
Address

CAPE CORAL, FL 33909  
City, State & Zip

239-666-4022  
Daytime Telephone number

TWARDFLD@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: FLORIDA CABINETRY AND TRIM, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
109 NE 20<sup>TH</sup> AVE  
CAPE CORAL, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CABINETRY & TRIM SALES AND  
INSTALLATION.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY C VARD-OWNA Name and Title: \_\_\_\_\_

Address: 109 NE 20<sup>TH</sup> AVE Address: \_\_\_\_\_  
CAPE CORAL, FL 33909

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

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

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

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

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STATE

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: ANTHONY L WARD

Address: 109 NE 20TH AVE  
CAPE CORAL, FL 33909

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ANTHONY L WARD

Address: 109 NE 20TH AVE  
CAPE CORAL, FL 33909


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4-7-20 (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:*

  
Required Signature/Registered Agent

4-7-20  
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

4-7-20  
Date