

P20000042404

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : PADRON AND ASSOCIATES INC.
 Account Number : I20060000156
 Phone : (305)818-0404
 Fax Number : (305)818-0898

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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2020 JUN 10 PM 4:02

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60

FLORIDA PROFIT/NON PROFIT CORPORATION
JJH CUSTOM CABINETRY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: JHH CUSTOM CABINETRY, 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

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: RALPH PADRON
Name (Printed or typed)

2095 W 76TH ST - SUITE 102

Address

HIALEAH, FL 33016

City, State & Zip

305-818-0404

Daytime Telephone number

ralph@ralphpadron.com

E-mail address: (to be used for future annual report notification)

2020 JUN 10 PM 4:02
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

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: GUERRERO OCHOA, JOSE A.

Address: 7376 W 20TH AVE - SUITE 146

HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GUERRERO OCHOA, JOSE A.

Address: 7376 W 20TH AVE - SUITE 146

HIALEAH, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

06/10/2020

Required Signature/Registered Agent_____
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 in s.817.155, F.S.

06/10/2020

Required Signature/Incorporator_____
Date

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TALLAHASSEE, FL