

P20000051996

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000217065 3)))



H200002170653ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

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: \_\_\_\_\_

W2-71642

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**FLORIDA KEYS CUSTOM CABINETS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUL 10 PM 4:36

2020 JUL 10 PM 3:41

158  
11

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Florida Keys Custom Cabinets Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3138 West 81 Street  
Hialeah FL 33018**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Aniel Cruz (P)  
3138 West 81 Street  
Hialeah FL 33018**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Aniel Cruz  
3138 West 81 St  
Hialeah FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Aniel Cruz  
3138 West 81 St  
Hialeah FL 33018SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUL 10 PM 4:36

FILED

**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

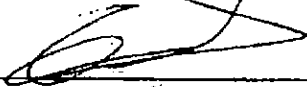
Aniel Cruz 

Registered Agent

7/9/2020

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.

Aniel Cruz 

Incorporator

7/9/2020

Date

FILED  
2020 JUL 10 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA