

P20000091531Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
LAS VILLAS CUSTOM CABINETS CORP

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

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JH

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

2020 NOV 30 PM 4:50

ARTICLE I NAME: The name of the corporation is:Las. Villas Custom Cabinets Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

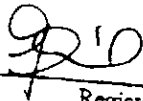
26202 SW 135th Ave Miami FL
33032**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Gian Garcia Acosta. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Gian Garcia Acosta
26202 SW 135th Ave Miami
FL 33032**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Gian Garcia Acosta
26202 SW 135th Ave Miami
FL 33032

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

_____
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 for in s.817.155, F.S.

_____
Incorporator_____
Date