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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 FEB 18 AM 9: 49

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HD KITCHEN'S CABINETS INC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
ĺ	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstalement
	·
	Cert. Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT: HD KITCHEN'S CABINETS 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 □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARCOS REZENDE Name (Printed or typed) 1191 E NEWPORT CENTER DR #103 Address

DEERFIELD BEACH - FL 33442

Daytime Telephone number

CSG@THEWAYGROUP.BIZ

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

City, State & Zip

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)

FILED

ARTICLE I NAME The name of the corporat	tion shall be: HD KITCHEN'S CABINET	S INC	2021 FEB 18 AM 9
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing a	ddress, if different is any man
DEERFIELD BEACH - FL	33441	DEERFIELD BEACH	1-FL 33441
ARTICI FIII PIIRPO	2SE he corporation is organized is: All and any		
			
-			
ARTICLE IV SHARE The number of shares of	ES stock is: 1000		
	IL OFFICERS AND/OR DIRECTORS		
Name and Title	ORLANDO M, DE ARAUJO FILHO - PRESIDEN	Name and Title:	
Address	1577 SW 1ST WAY #E18	Address:	
	DEERFIELD BEACH - FL 33441		
Name and Title:	·	Name and Title:	
Address		Address:	
Name and Title:	:	Name and Title:	
Address		Address:	

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: CSG - CAPITAL SERVICES GROUP, INC.	
Address: 1191 E NEWPORT CENTER DR #10	03 TAN TAN
DEERFIELD BEACH - FL 33442	REP FEB 11
ARTICLE VII INCORPORATOR	THEB 18 M 9: TALLAHASSEE, I
The name and address of the Incorporator is:	WA E U
Name: ORLANDO M. DE ARAUJO FILHO	9: 49 E, FL
Address: 1577 SW 1ST WAY #E18	mi
DEERFIELD BEACH - FL 33441	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot filing.)	(OPTIONAL) be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	the above stated corporation at the place designated in this defent and agree to act in this capacity
- lange	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are tradocument to the Department of State constitutes a third degree felony of	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	02.16.21.
Required Signature Incorporator	Date

COVER LETTER

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

SUBJECT: HD KI	TCHEN'S CABINETS INC		
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)
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□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: M	ARCOS REZENDE		
	Nam	e (Printed or typed)	
11	91 E NEWPORT CENTER DE		
		Address	
DE	EERFIELD BEACH - FL 334	142	
	City	, State & Zip	
(9:	54)427-4770		
	Daytime *	Felephone number	
CS	G@THEWAYGROUP.BIZ		

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

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