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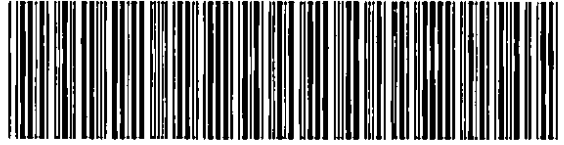
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FALL COUNTY FLORIDA

COVER LETTER

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

SUBJECT: SC Cabinetry and Surfaces, 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
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 COPY REQUIRED

FROM: DACUNHA, SALOMAO
Name (Printed or typed)

520 SANTA ROSA BLVD APT # 116
Address

FORT WALTON BEACH, FL 32548
City, State & Zip

904-775-9215
Daytime Telephone number

SC CABINETRY AND SURFACES@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: SC CABINETRY AND SURFACES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

570 SANTA ROSA BLVD APT #114
FORT WALTON BEACH, FL 32548

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN

ANY LAWFUL ACT OR ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100 @ par value \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAGUNHA, SALOMAO

Name and Title: Pres

Address 570 SANTA ROSA

Address:

BLVD APT #114

FORT WALTON BEACH, FL 32548

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: PADGETT BUSINESS SERVICES
Address: 17200 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

ARTICLE VII INCORPORATOR

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

Name: SC CABINETRY AND SURFACES INC
Address: 520 SANTA ROSA BLVD APT #114
FOCA WALTON BEACH, FL 32548

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1, 2022 (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

X [Signature]
Required Signature/Registered Agent

12/14/2021
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.

X [Signature]
Required Signature/Incorporator

12/14/2021
Date