

P22000001782

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.**

(((H22000012778 3)))



H220000127783ABC5

**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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
KITCHEN CABINET RR INC**

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

RECEIVED  
2022 JAN 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN 10 PM 4:03

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Kitchen Cabinet Rk inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1041 SW 139 CT elish  
FL 33184**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Manuel Ruiz Casola  
(P)RECEIVED  
TALLAHASSEE, FL

2022 JAN 10 PM 4:03

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

MANUEL RUIZ CASOLA  
1041 SW 139 CT  
MIAMI FL. 33184**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MANUEL RUIZ CASOLA  
1041 SW 139 CT  
MIAMI FL. 33184

**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