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Division of Corporations

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

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****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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DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION

Secured Cabinets Inc.

Certificate of Status	0
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T. SCOTT,

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REGISTRATION
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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: Secured Cabinets Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

1229 39th St

Brooklyn, NY 11218

Mailing address, if different is:

1229 39th St

Brooklyn, NY 11218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Kitchen Cabinetry Sales

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Moshe Bokchin, President

Address: 1502 52nd St Apt 1B

Brooklyn, NY 11219

Name and Title: Solomon Bokchin, Vice President

Address: 1502 52nd St Apt 1B

Brooklyn, NY 11219

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Margalit Ratner _____

Address: 1016 Ainslie A _____

Boca Raton, FL 33434 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Moshe Bokchin _____

Address: 1502 52nd St Apt 1B _____

Brooklyn, NY 11219 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

/s/ Margalit Ratner

7/20/2022

Required Signature/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.*

/s/ Moshe Bokchin

7/20/2022

Required Signature/Incorporator_____
Date