

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DMG FINANCIAL SERVICES INC
Account Number : I20230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

****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
EPIC KITCHEN CABINETS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

WLC

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Corporate Filing Menu

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2024 MAR -6 AM 11:21

2024 MAR -6 PM 1:51

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March 5, 2024

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

Re: EPIC KITCHEN CABINETS INC

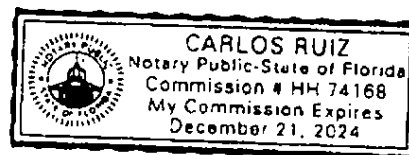
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


ALEXANDER GONZALEZ



CR

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2024 MAR -6 PM 1:51
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: EPIC KITCHEN 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
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: Maria E. Ruiz
Name (Printed or typed)7750 SW. 117 Ave Suite 203
AddressMiami Florida 33153
City, State & Zip305 595-5407
Daytime Telephone numbermariaquiroz9@hotmail.com
E-mail address: (to be used for future annual report notification)

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

2024 MAR -6 PM 1:51
TALLAHASSEE, FL
STATE

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EPIC KITCHEN CABINETS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11520 SW 156 AVEMIAMI FLORIDA 33196**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXANDER GONZALEZ, PRES

Name and Title: _____

Address 11520 SW 156 AVE

Address: _____

MIAMI FLORIDA 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: ALEXANDER GONZALEZ
Address: 11520 SW 156 AVE
MIAMI FLORIDA 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDER GONZALEZ
Address: 11520 SW 156 AVE
MIAMI FLORIDA 33196

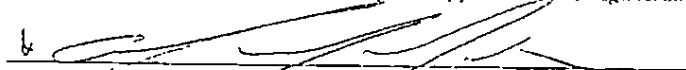
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/08/2024 (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


Required Signature/Registered Agent

03/05/2024
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.


Required Signature/Incorporator

03/05/2024
Date

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STATE
OF FLORIDA
TALLAHASSEE, FL