

P24000030700

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

From: Account Name : GAEL SERVICES CORP  
Account Number : I20230000060  
Phone : (305)903-7797  
Fax Number : (786)615-3110

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: alberblandons61@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
A.B. CABINETS INTALLATION CORP**

Certificate of Status	0
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2024 MAY -2 AM 9:17  
TALLAHASSEE, FL  
STATE

2024 MAY -2 PM 3:55

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: A.B. Cabinets Installation Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1261 NW 59<sup>th</sup> Street  
Apt # 12  
Miami FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Blandon P.

Address: 1261 NW 59<sup>th</sup> St  
Apt # 12  
Miami FL 33142

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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FL

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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: Jose Blandon  
Address: 1261 NW 59<sup>th</sup> St  
Apt # 12  
Miami FL 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Blandon  
Address: 1261 NW 59<sup>th</sup> St  
Apt # 12  
Miami FL 33142


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/2/2024 (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

5/2/2024  
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

5/2/2024  
Date

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