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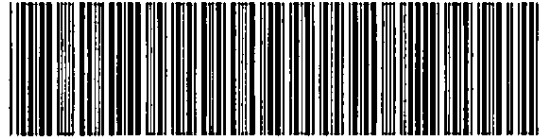
(Business Entity Name)

(Document Number)

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2022 APR 13 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUN - 2 2022

## COVER LETTER

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

SUBJECT: Icart Cabinetry & Trim, Inc.

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$43.75      ☒ \$52.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael J. Ryan

Name (Printed or typed)

636 U.S. Highway 1, Ste 110

Address

North Palm Beach, FL 33408

City, State & Zip

(561) 309-2226

Daytime Telephone number

mikeryan32645@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the document.**

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2022 APR 13 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FL

**RESTATED ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation is: Icart Cabinetry & Trim, Inc.

**ARTICLE II RESTATED ARTICLES**

The text of the Restated Articles is as follows:

**ARTICLE VIII**

**Restated Articles**

The restated articles of incorporation primarily restate and integrate the current provisions of the Corporation's articles of incorporation and also contain certain amendments, specifically designated as Amended, which were adopted pursuant to Florida Statutes. There is no discrepancy between the Corporation's articles of incorporation and the provisions of the restated articles of incorporation other than the inclusion of certain updated information and amendments, adopted pursuant to Florida Statutes, establishing and identifying the number of Directors, setting the minimum percentage of shareholders necessary to call a special meeting of shareholders, changing the registered agent, changing the President/Director, and the authorized shares of common stock were raised from 1,000 to 10,000 shares (\$1.00 par).

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

Please note the officer/director title by the first letter of the office title:

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT                      John Doe

X Remove                      V                      Mike Jones

X Add                      SV                      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>P</u>	<u>John Icart</u>	<u>3728 Georgia Ave.</u>
<input type="checkbox"/> Add			<u>West Palm Beach, FL</u>
<input checked="" type="checkbox"/> Remove			<u>33405</u>

2) <u>Change</u>	<u>P</u>	<u>Laurent Minguez</u>	<u>461 Oriole Lane</u>
<u>X</u> Add			<u>Jupiter, FL 33458</u>
Remove			

3 )    \_\_\_ Change                 \_\_\_\_\_

        \_\_\_ Add                      \_\_\_\_\_

        \_\_\_ Remove                \_\_\_\_\_

4) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

5) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

d) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
\_\_\_\_\_ Remove

**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael J. Ryan  
Address: 636 U.S. Highway 1, Suite 110  
North Palm Beach, FL 33408

*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

4/6/2022  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document;

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Check if applicable:**

- ☒ The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S.

The date of each amendment(s) adoption is: \_\_\_\_\_  
if other than the date this document is signed.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

“The number of votes cast for the amendment was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

**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 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.

*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.*

Dated: 4/6/2022

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

**Laurent Minguez**

\_\_\_\_\_  
(Typed or printed name of person signing)

**President/Director**

\_\_\_\_\_  
(Title of person signing)