## 60000833

96 OCT -9 PH 1:24

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

AbiNETS EXPRESS, INC.

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

\$70.00 Filing Fee

**\$78.75** 

Filing Fee

& Certificate

**\$122.50** 

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

P.O.BOX 1684

GOLDENROD FL 32733-1684

1-800-353-7168

Davime Telephone number



## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cabinets Express, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Prin: 6855 Yarcossie Road / Mailing: Box 1684 Uni+ # 19 Pio, Box 1684 Quando, J. 32822 Hobberrod, 31.32733-1684

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Carlos Harray
6855 Narcoossee Road
Unit #19
Qulando, 21. 32822

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS GARAY
6835 NARCOOSSEE ROAD. UNIT #19
OR/ANDO, FL 32822

rator(s) has(have) executed these Articles of incorporation to
<u>. 19</u> <u>96</u> .
st be added if an effective date is requested.)
Carlos arange Signature
Signature 6
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	CAbiNETS	Expe	ess, In	٠٠.
2.	The name and address of the registe	ered agent and office is:			
	CARLO	OS CTARAY		<u>.</u>	
	6835	NARCOOSSEE of Mail Drop Box NOT Accepta	Rd.	wit #	- 19
	(P.O. Box	or Mail Drop Box NOT ACCEPTA	BLE)	<del>-</del>	. *
	_ (	FL 32822 (CITY/STATE/ZE)		_	

Having been named as registered azent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carlos Daray 2 Oct 1796
(SIGNATURE) (DATE)