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

SUBJECT:	CABINET SAL (Proposed corp	orate name - must include suf	fix) 1000202974 -12/17/9601005
nclosed is an original a	nd one(1) copy of the artic	eles of incorporation and a	****131.25 ***
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	DPY REQUIRED
FROM	Rosanne Elak Name (Prin	man led or typed)	
	2789 NE 24 S	t. iress	1 2 D
<del></del>	Lighthouse P City, Str	oint, FL 33064 ne & Zip	11/2/20
	954-782-2237 Daytime Tele	phone number	

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 17, 1996

ROSANNE ELAKMAN 2789 NE 24 ST LIGHTHOUSE POINT, FL 33064

SUBJECT: CABINET SALES, INC. Ref. Number: W96000026417

We have received your document for CABINET SALES INC. and your check(s) totaling \$131.25. However, the enclosed document is not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Letter Number: 596A00056155

#### ARTICLES OF INCORPORATION

per files for

96 DEC 30 PH 3: 19

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

ARTICLE I NAME

The name of the corporation shall be:

CABINET SALES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2480 (Bay 1) Hammondville Road Pompano Beach, FL 33069

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge Costa 3073 NW 94 Ave. Coral Springs, FL 33065

#### 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):

Jorge Costa 3073 NW 94 Ave. Coral Springs, FL 33065

The unde	rsigned in	ncorporator(s) h	as(have) exec	cuted these Articles of Incorpo	ration this
<u>12th</u>	day of _	December		<b>, 19</b> <u>96</u> .	
(An additi	ional artic	le must be adde	d if an effecti	ive date is requested.)	
		W.	5.A	Sign sture	
	_			Signature	<del></del>
	_	<del>-</del>		Signature	<del></del>

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 96 DEC 30 PM 3: 19

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 isCABINET_SALES, INC.
2.	The name and address of the registered agent and office is:
	Jorge Costa
	(NAME)
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	Coral Springs, FL 33065
	(CITY/STATE/ZIP)

Having been named as registered agent 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.

(SIGNATURE) 12-13-96
(DATE)