

P96000104228

TRANSMITTAL LETTER

FILED

96 DEC 30 PM 3:19

TALLAHASSEE, FLORIDA

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

SUBJECT:

CABINET SALES, INC.

(Proposed corporate name - must include suffix)

100002029741--1

-12/17/96--01005--004

\*\*\*131.25 \*\*\*131.25

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

FROM: Rosanne Elakman  
Name (Printed or typed)

2789 NE 24 St.  
Address

Lighthouse Point, FL 33064  
City, State & Zip

954-782-2237  
Daytime Telephone number

PH 12/30/96  
26  
7/11/96

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 has 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

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*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.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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**

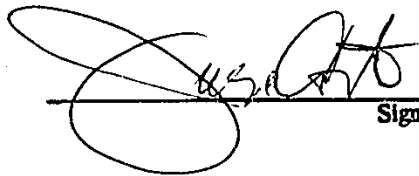
**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

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

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this**

12th day of December, 1996.

**(An additional article must be added if an effective date is requested.)**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
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**

**FILED**

96 DEC 30 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 CABINET SALES, INC.

2. The name and address of the registered agent and office is:

Jorge Costa

(NAME)

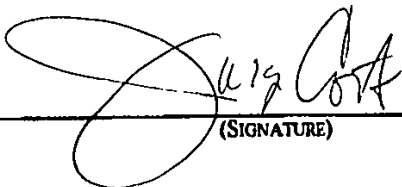
3073 NW 94 Ave.

(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)