

P98000020686

TRANSMITTAL LETTER

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

SUBJECT: LAKE CABINETS INC.
(Proposed corporate name - must include suffix)

300002446513--7
-03/04/98--01028--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: JAMES P. COLBERT JR.
Name (Printed or typed)

10648 CRESCENDO LOOP
Address

CLEMMONT FL 34711
City, State & Zip

352-242-6139
Daytime Telephone number

FILED
98 MAR -4 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. BROCK MAR 04 1998

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LAKE CABINETS INC

ARTICLE II PRINCIPAL OFFICE

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

10648 CRES CENDO LOOP
CLERMONT, FL 34711

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAMES P. COLBERT JR.
10648 CRES CENDO LOOP
CLERMONT, FL 34711

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES P. COLBERT JR.
10648 CRES CENDO LOOP
CLERMONT, FL 34711



Signature/Incorporator/Registered Agent

3/2/98

Date

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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA