

TRANSMITTAL LETTER

P99000005251

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

SUBJECT:

Crafters Custom Cabinetry
(Proposed corporate name - must include suffix)

2000002746032--B
-01/19/99-01021--007
*****70.00

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Donna Burke Clover
Name (Printed or typed)

1211 Parkland Ct
Address

Alt. Spr. FL 32714
City, State & Zip

407 921 8794 day
407 290 3181 eve
Daytime Telephone number

FAX *407-330-1799*

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

B. BROCK JAN 19 1999

W99000001059

FILED
99 JAN 19 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CRAFTERS CUSTOM CABINETRY, INC.

ARTICLE II PRINCIPAL OFFICE

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

5320 TOWER WAY

SANFORD, FL. 32773

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DONNA BURKE GLOVER

1211 PARKLAND COURT

ALTAMONTE SPRINGS, FL. 32714

ARTICLE V INCORPORATOR

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

DONNA BURKE GLOVER

1211 PARKLAND COURT

ALTAMONTE SPRINGS, FL. 32714

Donna Burke Glover
Signature/Incorporator

1/8/99

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

Donna Burke Glover
Signature/Registered Agent

1/8/99

Date

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99 JAN 19 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA