

TRANSMITTAL LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003050938-6
-11/22/99-01083-010
*****78.75 *****78.75

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

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: LEROY McMATTON - PRES. / CABINETS & CLOSETS INC.
Name (Printed or typed)

10115 NW 46 ST
Address

SUNRISE, FL 33351
City, State & Zip

305 725 8505
Daytime Telephone number

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

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:

CABINETS & CLOSETS INC.

ARTICLE II PRINCIPAL OFFICE

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

10115 NW 46th
SUNRISE, FL 33351

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEE ANN BARR
3850 NW 94th AVE.
HOLLYWOOD, FL 33024

ARTICLE V INCORPORATOR

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

LEROY McMAHON
1052 NW 63rd ST.
MIAMI, FL 333150

Lee McMahon

Signature/Incorporator

11/19/99

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

Dee Ann Barr

Signature/Registered Agent

11/19/99

Date