

P04000013089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

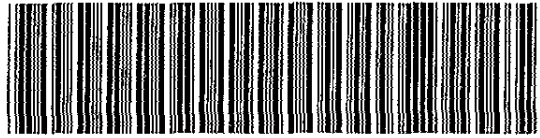
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/03--01037--008 **78.75

FILED
04 JAN 16 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W04-315

from 1/21

TRANSMITTAL LETTER

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

SUBJECT: CABINET DESIGN OF NWFL, INCORPORATED
(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

ADDITIONAL COPY REQUIRED

FROM: JAMES A. HICKMAN, AGENT
Name (Printed or typed)

200 GOVERNMENT STREET, SUITE 1
Address

NICEVILLE, FL 32578
City, State & Zip

850- 729-8585
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 5, 2004

JAMES A HICKMAN
200 GOVERNMENT STREET SUITE 1
NICEVILLE, FL 32578

SUBJECT: CABINET DESIGN OF NWFL, INC.
Ref. Number: W0400000315

We have received your document for CABINET DESIGN OF NWFL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

An effective date **may** be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of 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 (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 404A00000391

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CABINET DESIGN OF NWFL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9106 EAGLE NEST DRIVE
NAVARRE, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR A PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LUIS O. AGOSTO, 9106 EAGLE NEST DRIVE, NAVARRE, FL 32566, PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

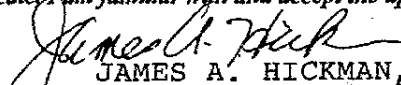
JAMES A. HICKMAN, AGENT
200 GOVERNMENT STREET, SUITE 1
NICEVILLE, FL 32578


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS O. AGOSTO
9106 EAGLE NEST DRIVE
NAVARRE, FL 32566

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


JAMES A. HICKMAN, AGENT
Signature/Registered Agent


Signature/Incorporator

FILED
04 JAN 16 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2003

Date

DEC 15 2003

Date