# P120000011111

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000055532 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

PM 3: 35

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA PROFIT/NON PROFIT CORPORATION

Interior Wood Designs Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

R Buret MAR 2:200

### **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:

INTERIOR WOOD DESIGNS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3000 CLARACONA RD #830 APOPKA, FL 32703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

**PRESIDENT** 

MARK KUGLE

3000 CLARACONA RD #830

**APOPKA, FL 32703** 

H12000055532 3

PAGE 2 INTERIOR WOOD DESIGNS INC.

### ARTICLE VI REGISTERED AGENT

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

MARK KUGLE 3000 CLARACONA RD #830 APOPKA, FL 32703

## ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MARK KUGLE 3000 CLARACONA RD #830 APOPKA, FL 32703 2 MAR - 1 PM 3: 35 BECRETARY OF STATE MELANASSEE, FLORE

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.

MARK KUGLE / Registered Agent

MARK KUGLE /Incorporator

/--// 4

Date

H12000055532 3