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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	ļ
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COVER LETTER

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

_{SURIECT:} Boa	thouse Upholste	ery, Inc	
5666CT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	rticles of incorporation and	d a check for:
□ \$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	OF I REQUIRED
			•
FROM: Ja	ames T Lindhurs	st Jr	
		ne (Printed or typed)	
63	31 E 11th Ave		
		Address	
M	ount Dora, Flor	ida 32757	
	City	, State & Zip	
35	52-267 - 8677		
	Daytime '	Telephone number	

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

pilotjames453@yahoo.com

E-mail address: (to be used for future annual report notification)





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

NAME .

ime of the corpor	<u>me</u> . Pation shall be: Boathouse Uph		
octe ii <u>Pr</u> 9 N. Lake	Principal <u>street</u> address	SECRETAN OF STA Mailing address, if different is:	TE n:
vares, F			
	RPOSE the corporation is organized is:		
ch a corpoi	ration may be organized und	er TitleXXXVI Chapter 607.	
	· · · · · · · · · · · · · · · · · · ·		.
CIPIV SU	IAPES 400		
CLE IV SH umber of shares of	IARES 100		
CLE V IN	ITIAL OFFICERS AND/OR DIRECTO		
CLE V IN	itial officers and/or directo le: James T Lindhurst Jr Pres	RS S. Name and Title:	
CLE V IN	ITIAL OFFICERS AND/OR DIRECTO le: James T Lindhurst Jr Pres 631 E 11th Ave		
CLE V IN	itial officers and/or directo le: James T Lindhurst Jr Pres	S. Name and Title:	
CLE V IN Name and Tit Address	James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	S. Name and Title: Address:	
CLE V IN Name and Tit Address	James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	S. Name and Title:	
Name and Tit Address	James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	Name and Title: Name and Title: Name and Title:	
CLE V IN Name and Tit Address Name and Titl	TIAL OFFICERS AND/OR DIRECTO le: James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	Name and Title: Address: Name and Title: Address:	
Name and Titl Address Name and Titl Address	HILL OFFICERS AND/OR DIRECTOR James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	Name and Title: Address: Name and Title: Address:	
Name and Titl Address Name and Titl Address	HILL OFFICERS AND/OR DIRECTOR James T Lindhurst Jr Pres 631 E 11th Ave Mount Dora, FI 32757	Name and Title:	



(conti.)

	•		14 SEP 22 PM 4: 08
Name and	l Title:	Name and Title:	
Address		Address:	SECRETARY OF WATE
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	James T Lindhurst Jr		
Address:	631 E 11th Ave		
	Mount Dora, FI 32757		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	James T Lindhurst Jr		
Address:	631 E 11Th Ave		
Address:	Mount Dora, Fl 32757		
	- Would Bord, 11 02707		
Having been nam	ed as registered agent to accept service of process	for the above sta	ted corporation at the place designated in
	m familiar with any accept the appointment as reg		
LAT!	and her		19 Sept 14
7-1-6	Required Signature/Registered Agent		Date
I submit this doci document of the L	ument and affirm that the facts stated herein are to Department of State constitution a third degree felon	true. I am aware y as provided for i	that the false information submitted in a in s.817.155, F.S.
// -	Tally &		19 List 14