

P 15000069261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

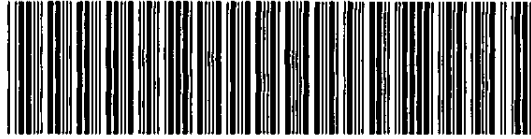
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RETURNED CHECK

08/19/15--01022--024 \*\*87.50

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15 AUG 13 PM 2:29  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

J 8/20/15

**COVER LETTER**

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

**SUBJECT:** 357 DECOR & FURNITURE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** KIMBERLY WILLIAMS  
Name (Printed or typed)  
3916 BONNIE LANE SE  
Address  
ATLANTA, GA 30354  
City, State & Zip  
678-368-1677  
Daytime Telephone number  
357DECORFURN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME** 357 DECOR & FURNITURE, INC.  
The name of the corporation shall be: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12930 OULTON CIRCLE  
ORLANDO, FL 32832

Mailing address, if different is:  
3916 BONNIE LANE SE  
ATLANTA, GA 30354

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	KIMBERLY WILLIAMS, CEO	Name and Title:	_____
Address	12930 OULTON CIRCLE	Address:	_____
	ORLANDO, FL 32832		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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RETURNED CHECK

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: KIMBERLY WILLIAMS  
Address: 12930 OULTON CIRCLE  
ORLANDO, FL 32832

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: KIMBERLY WILLIAMS  
Address: 12930 OULTON CIRCLE  
ORLANDO, FL 32832


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

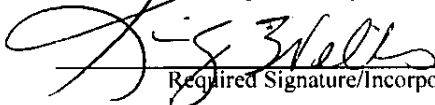
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/11/15  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

08/11/15  
\_\_\_\_\_  
Date