

PI800052306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

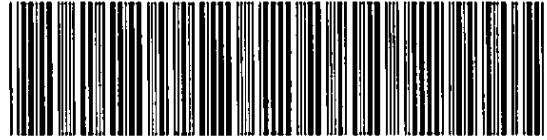
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUN 13 2018
T. SCOTT



300314373353

06/11/18--01044--011 **78.75

2018 JUN 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: GREAT ISLAND DESIGN, 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: LYNNE McCARTHY
Name (Printed or typed)

2693 CLEARVIEW STREET
Address

CLERMONT, FLORIDA 34711
City, State & Zip

(352) 223-4230
Daytime Telephone number

lrm625@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: GREAT ISLAND DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2693 CLEARVIEW STREET
CLERMONT, FL 34711

Mailing address, if different is:
2693 CLEARVIEW STREET
CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LYNNE McCARTHY, P. S. T
Address: 2693 CLEARVIEW STREET
CLERMONT, FL 34711

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

2018 JUN 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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: LYNNE McCARTHY
Address: 2693 CLEARVIEW STREET
CLERMONT, FL 34711

ARTICLE VII INCORPORATOR

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

Name: LYNNE McCARTHY
Address: 2693 CLEARVIEW STREET
CLERMONT, FL 34711

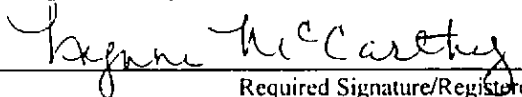
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/18/2018. (OPTIONAL)


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

 6-5-18
Required Signature/Registered Agent 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.

 6-5-18
Required Signature/Incorporator Date