

NO4000002871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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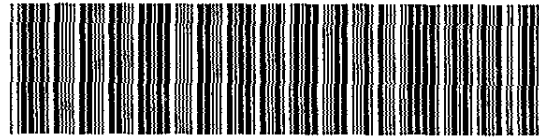
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: DESIGNER'S VIEW OF ORLANDO, INC.
(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: KIMBERLY S. LOVE
Name (Printed or typed)

6039 RIO GRANDE DR
Address

ORLANDO, FL 32809
City, State & Zip

407-625-9593
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
FOR
DESIGNER'S VIEW OF ORLANDO, INC. (NOT FOR PROFIT)**

ARTICLE I NAME

The name of the corporation shall be: Designer's View of Orlando, Inc. (Not for Profit)

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6039 Rio Grande Drive
Orlando, FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To promote interior design among students, teachers, and the general public.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Each director must be either: (1) a student or a teacher at the International Academy of Design and Technology and approved by Kimberly S. Love, or (2) be approved by Kimberly S. Love.

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:
Kimberly S. Love
6039 Rio Grande Drive
Orlando, FL 32809


ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:
Kimberly S. Love
6039 Rio Grande Blvd.
Orlando, FL 32809

.....
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.



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA