# POCOCOCIS363

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

800003125788--6 -02/07/00--01101--016 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	Winchell Interiors, Inc.	rate name - must include su	ffix)
	•	·	PH 12: 03
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a	check for:
<b>''</b> \$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 CO	PY REQUIRED
FROM:	Jennifer P. Winchell		
	Name (Printed or typed)		
	911 Shaded Water Way		
	Address		
	Lutz, FL 33549		
	City, State & Zip		<del></del>
	Daytime Te	lephone number	
•		·	

3 Thompson FEB 1 4 2000

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Winchell Interiors, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

911 Shaded Water Way Lutz, FL 33549

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jennifer P. Winchell 911 Shaded Water Way Lutz, FL 33549

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jennifer P. Winchell 911 Shaded Water Way Lutz, FL 33549

Signature/Incorporator

1-25-08

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent,

Signature/Registered Agent

Date