

P000000 64076

TRANSMITTAL LETTER

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

FILED  
00 JUN 29 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: FLORIDA DRAPERY & UPHOLSTERY, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003309056--8  
-06/29/00--01070--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Paul DePuma  
Name (Printed or typed)

3206 Black Oak Ct.,  
Address

Boynton Beach, FL 33436  
City, State & Zip

(561) 640-4300  
Daytime Telephone number

F. CHESNEY JUL 3 2000.

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:

FLORIDA DRAPERY & UPHOLSTERY, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3206 Black Oak Court  
Boynton Beach, FL 33436

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drapery & Upholstery workroom.

### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Paul DePuma, 3206 Black Oak Ct., Boynton Beach, FL 33436

Yolanda Young, 324 NW 3rd Ct., Deerfield Beach, FL 33441

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Paul DePuma, 3206 Black Oak Ct., Boynton Beach, FL 33436

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

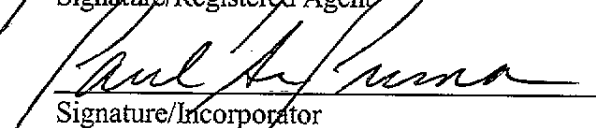
Paul DePuma, 3206 Black Oak Ct., Boynton Beach, FL 33436

\*\*\*\*\*  
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

June 25, 2000

\_\_\_\_\_  
Date

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

June 25, 2000

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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