

P03000013321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

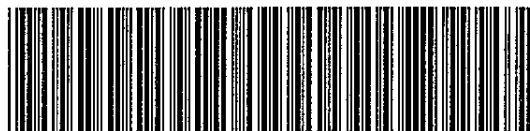
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Deborah Macpherson HAVE
AUTHORIZATION BY PHONE TO
CORRECT Shares
DATE 2-4-03
DOC. EXAM WC

Office Use Only



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01/28/03--01050--001 **70.00

03 JUN 23 PM 3:16
STATE OF CALIFORNIA
DEPARTMENT OF CORPORATIONS

2-4-03

TRANSMITTAL LETTER

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

SUBJECT: Florida Tropical Shades, 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: Deborah L. MacPherson
Name (Printed or typed)

3010 Aqua Vista Ln #104
Address

St. Augustine, FL 32084
City, State & Zip

(904) 808-1988
Daytime Telephone number

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 Tropical Shades, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3010 Aqua Vista Ln #104
St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To pursue any legal endeavor

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

Deborah L. MacPherson
3010 Aqua Vista Ln #104
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

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

Deborah L. MacPherson
3010 Aqua Vista Ln #104
St. Augustine, FL 32084

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

Deborah L. MacPherson
Signature/Registered Agent

1/27/03
Date

Deborah L. MacPherson
Signature/Incorporator

1/27/03
Date

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 JAN 28 PM 3:16