

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Dusiness Entry Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	ľ
	1
	1
<u></u>	

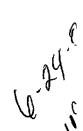
Office Use Only



200019842672

06/20/03--01063--002 **78.75

O3 JUN 20 AM 9: 33



TRANSMITTAL LETTER

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

SUBJECT: Hom	e Design Concepts, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: M	ichael Livers		
	Name	e (Printed or typed)	, , , , , , , , , , , , , , , , , , , ,
	410 Belle Isle Ave.	A.b. 5	
-		Address	
	Belleair Beach, FL 33786		
•	City	, State & Zip	·
	(727) 452-3401		
-	Daytime 1	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: Home Design Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 410 Belle Isle Ave.
Belleair Beach, FL 33786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail sales of window fashions.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Judy Livers, 410 Belle Isle Ave., Belleair Beach, FL 33786 - CEO & President Michael Livers, 410 Belle Isle Ave., Belleair Beach, FL 33786 - CFO & Vice President

ARTICLE VI REGISTERED AGENT

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

Michael Livers, 410 Belle Isle Ave., Belleair Beach, FL 33786

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michael Livers, 410 Belle Isle Ave., Belleair Beach, FL 33786

***************	*************
Having been named as registered agent to accept service of process fo certificate, I am familiar with and accept the appointment as registered	or the above stated corporation at the place designated in thi agent and agree to act in this capacity
MIDE	6/18/03
Signature/Registered Agent	Date
Nipe	6/18/03
Signature/Incorporator	Date

OS UN 20 M 9: 34