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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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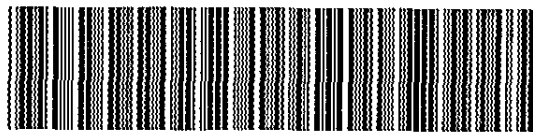
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Interior Reflections by Ruby, 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

☒ ^{122.50}~~78.75~~
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robin Weidman
Name (Printed or typed)

143 Benjamin Ave
Address

Ormond Beach, FL 32176
City, State & Zip

386-931-0419
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:

Interior Reflections By Ruby, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*143 BENJAMIN DRIVE
ORMOND BEACH, FL 32176*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Interior Decorating Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*ROBIN WEIDMAN, President
143 BENJAMIN DRIVE
ORMOND BEACH, FL 32176*

ARTICLE VI REGISTERED AGENT

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

*ROBIN WEIDMAN
143 BENJAMIN DRIVE
ORMOND BEACH, FL 32176*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ROBIN WEIDMAN
143 BENJAMIN DRIVE
ORMOND BEACH, FL 32176*

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

Robin Weidman

Signature/Registered Agent

7/1/03

Date

Robin Weidman

Signature/Incorporator

7/1/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA