

P03000102046

(Requestor's Name)

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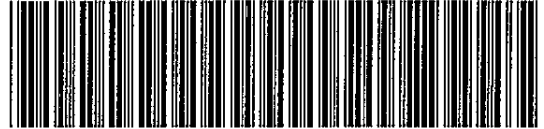
(Business Entity Name)

(Document Number)

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2003 SEP 17 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-26024

09/17/03

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399  
(850) 245-6052

SUBJECT Interior Concepts of Florida, Inc.  
(proposed corporate name – must include suffix)

Enclose 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:

Interior Concepts of Florida, Inc.  
Name (Printed or typed)

% Chick & Karo CPA's P.A.

115 S. W. 89<sup>th</sup> Way  
Address

Coral Springs, FL 33071  
City, State & Zip

(954) 753-7957  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 11, 2003

CHICK & KARO CPA'S P.A.  
115 S.W. 89TH WAY  
CORAL SPRINGS, FL 33071

SUBJECT: INTERIOR CONCEPTS OF FLORIDA, INC.  
Ref. Number: W03000026024

We have received your document for INTERIOR CONCEPTS OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 603A00050648

## 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:

**Tamarac,**  
Interior Concepts of ~~Florida~~, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

**7050 Southgate Boulevard Suite 104  
Tamarac, Florida 33321**

### ARTICLE III SHARES

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

**1,000**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Hector L. Perez  
7050 Southgate Boulevard Suite 104  
Tamarac, Florida 33321**

### ARTICLE V INCORPORATOR

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

**Hector L. Perez  
7050 Southgate Boulevard Suite 104  
Tamarac, Florida 33321**

### ARTICLE VI OFFICERS

The name and title of the Officers to these Articles of Incorporation are:

<b>Hector L. Perez</b>	<b>President, Director</b>
<b>Rafael Martinez</b>	<b>Vice President, Secretary, Director</b>

### ARTICLE VII PURPOSE OF CORPORATION

**Retail sales**

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

**9/5/03**  
\_\_\_\_\_  
Date

(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

**9/5/03**  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA