

P03000116364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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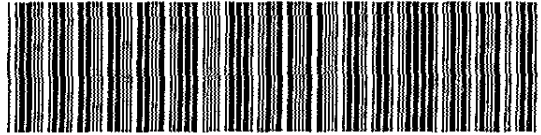
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALLAHASSEE (HARD)

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## TRANSMITTAL LETTER

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

**SUBJECT:** J M INSTALLATIONS DRAPERY SERVICE, 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:** JAMES F.MESSINA

Name (Printed or typed)

4365 SW APPLESEED RD

Address

PORT ST LUCIE, FL. 34953

City, State & Zip

561-371-3482

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:

J M INSTALLATIONS DRAPERY SERVICE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4365 SW APPLESEED RD  
PORT ST LUCIE, FL. 34953

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALL WINDOW TREATMENTS

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES F. MESSINA  
4365 SW APPLESEED RD  
PORT ST LUCIE, FL. 34953  
PRESIDENT, VICE PRESIDENT

SANDRA J. MESSINA  
4365 SW APPLESEED RD  
PORT ST LUCIE, FL. 34953  
SECRETARY, TREASURER

## ARTICLE VI REGISTERED AGENT

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

SANDRA J. MESSINA  
4365 SW APPLESEED RD  
PORT ST LUCIE, FL. 34953

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES F. MESSINA  
4365 SW APPLESEED RD  
PORT ST. LUCIE, FL. 34953

\*\*\*\*\*

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

10-10-03

Date



Signature/Incorporator

10-10-03

Date

FILED

03 OCT 16 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA