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SECRETARY OF STATE
TALL ALLASSES.

12/203

TRANSMITTAL LETTER

Stration Interiors (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

Enclosed are an orig	ginal and one (1) copy of the	he article	s of incorporation and	a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	<u>-</u>	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Jonathan Stratton Name (Printed or typed)					
3604 Chesvick Pr					
	Holiday FL	City, St	469/ Bite & Zip	<u> </u>	

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

XTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

John Stratton Interiors Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3604 Cheswick Dr. Haliday Fl. 34691

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Flooring Covering

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

Jonathan Stratton 3604 Cheswick Dr Holiday F1. 3469(Pres.

ARTICLE VI REGISTERED AGENT

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

Jonathan StrayHon 3604 Cheswick Pr. Holiday F1. 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan StrayHon 3604 Cheswick Pr. Holiday F1 34691

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