# P03000154456

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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03 DEC 22 PM 3: 02 SUCRETARY OF STATE TALL AHASSEF, FLORIO



# TRANSMITTAL LETTER

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

	(Proposed corporate name · must include suffix)		
osed is an original a	and one(1) copy of the artic	eles of incorporation and a	check for :
<b>~</b>	P <sup>10</sup> 3 amo mo		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee &	<b>12</b> \$78.75	\$87.50
S70.00 Filing Fee	Filing Fee & Certificate of Status		

PROM: Robat X Lyons
Name (Printed or typed)

2901 W. Bosch Blood # 1000
Address

Tampa Elouile 33618

City, State & Zip

2813-230-4208

Daytime Telephone number

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

### ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida 03 DEC 22 PH 3: 02

# ARTICLE 1 NAME

The name of the corporation shall be: Scott Saunders Wall Covering, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 8409 N. Packwood Ave. Tampa, Fl. 33604

### ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address: Robert Lyons 2901 W. BUSCH BLVD. **SUITE # 1005** Tampa, FL. 33618

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are: Scott Saunders 8409 N. Packwood Ave. Tampa, Fl. 33604

Signature/Incorporator

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 status 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

(An additional article must be added if an affective date is requested)