

P04000083842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

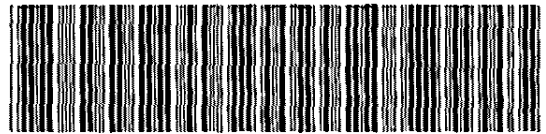
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Certificates of Status

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TALLAHASSEE, FLORIDA
04 MAY 26 PM 4:21

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04 MAY 25 PM 4:06
STATE
TALLAHASSEE, FLORIDA

✓

g/c

TRANSMITTAL LETTER

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

SERVICES
SUBJECT: IMAGES OF AMERICA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed 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:

DARIO DELNESTI, PRES.
Name (Printed or typed)

829 BLAIR ST.
Address

THOMASVILLE, NC 27360
City, State & Zip

336/475.7106
Daytime Telephone number

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

237-2627
850-594-4411
250

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:

IMAGES OF AMERICA, INC. SERVICES

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

829 BLAIR ST
THOMASVILLE, NC 27360

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURER'S FURNITURE

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DARIO DELMASTRI, PRESIDENT
829 THOMASVILLE, NC 27360

ARTICLE VI REGISTERED AGENT

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

KEVIN LANGSTON,
4618 DICKSON RD
GREENWOOD FL 32443

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN LANGSTON
4618 DICKSON RD
GREENWOOD, FL 32443

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

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 26 PM 4:21

5-26-04

5-26-04