

PO4000109037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

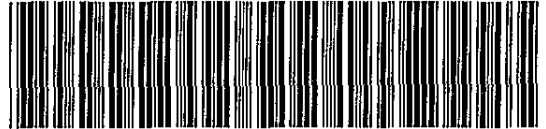
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECURITY  
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**TRANSMITTAL LETTER**

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

**SUBJECT:** Department of Design, 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:** Peter Williams  
Name (Printed or typed)

6439 Osprey Lake Circle  
Address

Riverview, Florida 33569  
City, State & Zip

813-621-8767  
Daytime Telephone number

04 JUL 23 PM 1:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:

Department of Design, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6439 Osprey Lake Circle  
Riverview, Florida 33569

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Web Design Development

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Peter Williams, President  
6439 Osprey Lake Circle  
Riverview, Florida 33569

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Peter Williams  
6439 Osprey Lake Circle  
Riverview, Florida 33569

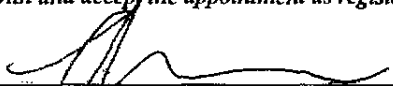
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Peter Williams  
6439 Osprey Lake Circle  
Riverview, Florida 33569

\*\*\*\*\*

*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

07/15/2004  
\_\_\_\_\_  
Date

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

07/15/2007  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
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