

PO4000115810

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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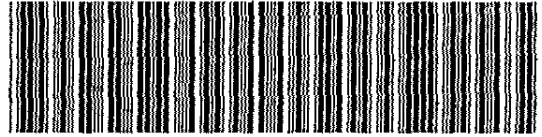
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS8/9/04

TRANSMITTAL LETTER

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

SUBJECT: PIECES OF COLOR, 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: KATHLEEN D. MCKEE

Name (Printed or typed)

719 Springview Drive

Address

Orlando, FL 32803-6900

City, State & Zip

407-247-1131

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:

PIECES OF COLOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

719 SPRINGVIEW DRIVE, ORLANDO, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CUSTOMER SERVICE & MAIL ORDER

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KATHLEEN D. MCKEE - 719 Springview Dr - President
Orlando, FL 32803
SANYETTE MCKEE - 719 Springview Dr - COO.
Jean-Pierre B - 719 Springview Dr - C.E.O.

ARTICLE VI REGISTERED AGENT

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

KATHLEEN D. MCKEE
719 Springview Dr
Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHLEEN D. MCKEE
719 SPRINGVIEW DR
ORLANDO, FL 32803

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

Kathleen D. McKee
Signature/Registered Agent KATHLEEN D. MCKEE

8.6.04
Date

Kathleen D. McKee
Signature/Incorporator KATHLEEN D. MCKEE

8.6.04
Date

FILED
04 AUG - 9 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA