

PD4000154356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 11/12

TRANSMITTAL LETTER

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

SUBJECT: MILTON CARP WALLCOVERING, 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: MILTON CARP

Name (Printed or typed)

9728 W. MCNAB ROAD

Address

TAMARAC, FLORIDA 33321

City, State & Zip

(954) 722-4712

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:

MILTON CARP WALLCOVERING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9728 W. MCNAB ROAD, TAMARAC, FLORIDA 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MILTON CARP
PRESIDENT/SECRETARY/DIRECTOR
9728 W. MCNAB ROAD
TAMARAC, FLORIDA 33321

ARTICLE VI REGISTERED AGENT

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

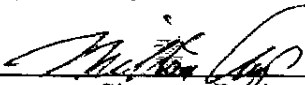
MILTON CARP
9728 W. MCNAB ROAD
TAMARAC, FLORIDA 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MILTON CARP
9728 W. MCNAB ROAD
TAMARAC, FLORIDA 33321

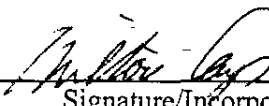
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/3/04

Date



Signature/Incorporator

11/3/04

Date

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TALLAHASSEE, FLORIDA