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SUCRETURE OF SECURE

TRANSMITTAL LETTER

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

SUBJECT: Surface	Designs, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SURFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		July Copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Mic	chael J. McDonald		
	Name	(Printed or typed)	
	130 Edna Drive		
		Address	
	Crestview, FL 32536		·
	City	, State & Zip	
	850 685 1976		
	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:

Surface Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 130 Edna Drive Crestview FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1500 shares at 0 dollars par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President Michael J. McDonald 130 Edna Drive Crestiview, FL 32536

ARTICLE VI REGISTERED AGENT

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

Michael J. McDonald 130 Edna Drive Crestiview, FL 32536

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael J. McDonald 130 Edna Drive Crestiview, FL 32536

Having been named as registered agent to accept service of process for the above stated corporation at the place d	esignated 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

1/04/05

Signature/Incorporator

Date

