

PO5000017909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

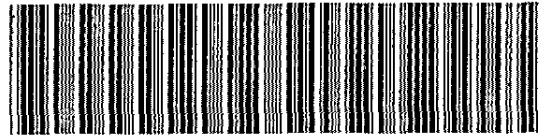
(Business Entity Name)

(Document Number)

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

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01/31/05--01037--022 \*\*78.75

FILED  
05 JAN 31 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 2-3

## TRANSMITTAL LETTER

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

SUBJECT: Factory  
VERTICAL BLIND OUTLET, 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: DAVID F. NOEL  
Name (Printed or typed)

4195 E RIVERSIDE DRIVE  
Address

DUNNELLON, FL 34434-4779  
City, State & Zip

(352) 895-1400  
Daytime Telephone number

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

*Called Mr. Noel  
2-3-05 changed  
name to Factory  
took out the  
effective date of  
1-1-05  
C.H.*

## 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:

Factory  
VERTICAL BLIND OUTLET, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

649 E. GULF TO LAKE HWY 44  
LECANTO, FL 34461

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
MAKE AND SELL VERTICAL BLINDS

### ARTICLE IV SHARES

The number of shares of stock is:  
100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID F. NOEL, PRESIDENT  
4195 E. RIVERSIDE DRIVE  
DUNNELLON, FL. 34434-4779

### ARTICLE VI REGISTERED AGENT

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

DAVID F. NOEL  
4195 E. RIVERSIDE DRIVE  
DUNNELLON, FL 34434-4779

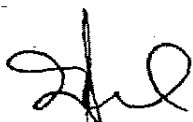
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID F. NOEL  
4195 E. RIVERSIDE DRIVE  
DUNNELLON, FL 34434-4779

\*\*\*\*\*

*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/Incorporator Registered Agent

1/27/05  
Date

FILED  
05 JAN 31 PM 4: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA