

P05000025171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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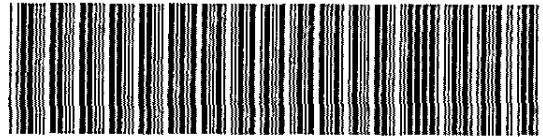
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/05--01038--009 **78.75

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lasians, 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: Debra F. Atwood
Name (Printed or typed)

1601 Johns Lake Rd #1015
Address

CLermont FL 34711
City, State & Zip

(352) 242-2599
Daytime Telephone number

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05 FEB -9 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

designs, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1601 Johns Lake Rd #1015
CLermont, FL 34711

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Debra Atwood, owner
1601 Johns Lake Rd #1015
CLermont FL 34711

ARTICLE VI REGISTERED AGENT

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

Debra Atwood
1601 Johns Lake Rd #1015
CLermont FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra Atwood
1601 Johns Lake Rd #1015
CLermont FL 34711

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

Debra Atwood
Signature/Registered Agent

2-8-05
Date

Debra Atwood
Signature/Incorporator

2-8-05
Date

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05 FEB -9 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA