

P05000050561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

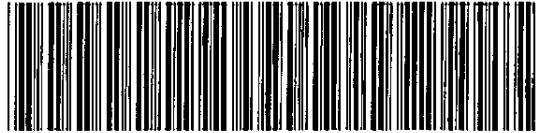
(Business Entity Name)

(Document Number)

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

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Office Use Only



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03/16/05--01031--014 \*\*18.75

FILED  
05 MAR 15 01 4 13

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## TRANSMITTAL LETTER

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

**SUBJECT:** CURTAIN CALL INCORPORATED  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ANNETTE FOWLER  
Name (Printed or typed)

9205 COUNTY ROAD 13 N  
Address

ST AUGUSTINE, FLORIDA 32092  
City, State & Zip

904-940-9230  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

RECEIVED

05 APR -5 AM 8:17

March 23, 2005

ANNETTE FOWLER  
9205 COUNTY RD. 13 N.  
ST. AUGUSTINE, FL 32092

SUBJECT: CURTAIN CALL INCORPORATED  
Ref. Number: W05000015037

We have received your document for CURTAIN CALL INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 705A00019986

**TRANSMITTAL LETTER**

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

**SUBJECT:** CREATIONS BY CURTAIN CALL 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ANNETTE FOWLER  
Name (Printed or typed)

9205 COUNTY ROAD 13 N  
Address

ST. AUGUSTINE, FLORIDA 32092  
City, State & Zip

904-940-9230  
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:

CREATIONS BY CURTAIN CALL INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

9205 COUNTY ROAD 13 N, ST AUGUSTINE, FLORIDA 32092

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SOLELY OPERATE AS A FLORIDA CORPORATION CONDUCTING BUSINESS AS A SEAMSTRESS.

**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):

ANNETTE FOWLER-PRESIDENT  
8536 MOSS DRIVE  
ST AUGUSTINE, FLORIDA 32092

**ARTICLE VI REGISTERED AGENT**

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

N & R TAX SERVICE, INC.  
12708 SAN JOSE BLVD. SUITE 1D  
JACKSONVILLE, FLORIDA 32223

**ARTICLE VII INCORPORATOR**

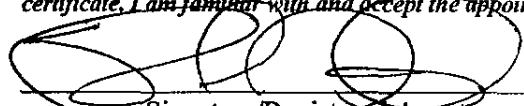
The name and address of the Incorporator is:

ANNETTE FOWLER  
8536 MOSS DRIVE  
ST AUGUSTINE, FLORIDA 32092

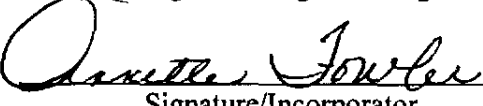
FILED  
05 MAR 16 PM 4:10  
TALLAHASSEE, FLORIDA

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*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

3/29/05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/4/05  
Date