

P05000108139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100058125981

~~08/03/05 00:05:00~~

08/03/05--01055--003 **75.75

FILED
05 AUG -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X Burch AUG 4 2005

TRANSMITTAL LETTER

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

SUBJECT: SIMONDS CUSTOM WALL COVERINGS 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: JAMES E. SIMONDS

Name (Printed or typed)

333 OCEAN AVE.

Address

LANTANA, FLORIDA 33462

City, State & Zip

561 - 588 - 8569

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:

SIMONDS CUSTOM WALL COVERINGS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

333 OCEAN AVE.
LANTANA, FLORIDA 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR PROFIT

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):

JAMES E SIMONDS OWNER-PRESIDENT
333 OCEAN AVE.
LANTANA, FLORIDA 33462

ARTICLE VI REGISTERED AGENT

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

JAMES E SIMONDS
333 OCEAN AVE.
LANTANA, FLORIDA 33462

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES E SIMONDS
333 OCEAN AVE.
LANTANA, FLORIDA 33462

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

Date

Signature/Incorporator

Date

FILED
05 AUG -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA