# 705000113677

(Requestor's Name)			
(Address)			
(Address)			
(nadiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400058426674

08/15/05--01060--011 \*\*87.50

05.008 (A) 15.00 7:56

1. Shivers AUG 1.6 2009

## TRANSMITTAL LETTER

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

SUBJECT: At the C	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the arti  \$78.75  Filing Fee  & Certificate of Status	icles of incorporation and \$78.75 Filing Fee & Certified Copy	d a check for:  \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Barbara Garrett		OPY REQUIRED
	Name P.O. Box 5065	e (Printed or typed)	

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

Address

City, State & Zip

Daytime Telephone number

Sarasota, FL. 34277-5060

941-362-8908

## 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:

At The Curb, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 5065

Sarasota, FL. 34277-5065

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To renovate and restore furniture and items for resale, consulting services for organizing events, and decorating services.

#### ARTICLE IV SHARES

The number of shares of stock is:

1001

### INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Garrett, President

3775 Aberdeen Dr.

Jeanine Herbst, Vice-President 1110 E. Corrington

Sarasota, FL. 34240

Peoria, IL. 61603

## REGISTERED AGENT

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

Barbara Garrett 3775 Aberdeen Dr. Sarasota, FL, 34240

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Barbara Garrett P.O. Box 5065

Sarasota, FL, 34277-5065

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

BARBARA L. GARRETT

Signature/Incorporator