# P05000114045

(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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WO5-37890

# TRANSMITTAL LETTER

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

SUBJECT: Session	ns Custom Interiors Inc.	ATE NAME – MUST INCL	UDE SIMARA
	(FROFOSED CORPORE	TE NAME - MOST INCL	DDE SUFFIA)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Pai	ul D. Sessions		
	Name	e (Printed or typed)	
	6189 Stewart Street		
		Address	_
	Milton, FL 32570		<del> </del>
	850·232·6158	, State & Zip	
	Daytime '	Telephone number	

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2005

PAUL D. SESSIONS 6189 STEWART ST. MILTON, FL 32570

SUBJECT: SESSIONS CUSTOM INTERIORS INC.

Ref. Number: W05000037890

We have received your document for SESSIONS CUSTOM INTERIORS INC. 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 705A00051488

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

Article Area

The name of the corporation shall be:

Sessions Custom Interiors Inc.

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6189 Stewart Street / Milton, FL 32570

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business - TAX Reason S

### 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):

Paul D. Sessions - 7001 Trammel Drive, Milton, FL 32570 - President/Secretary - Elaine L. Sessions -7001 Trammel Drive, Milton, FL 32570 - Vice- President, Treasurer

## ARTICLE VI REGISTERED AGENT

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

Paul D. Sessions, 7001 Trammel Drive, Milton, FL 32570

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul D. Sessions, 7001 Trammel Drive, Milton, FL 32570

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