

PO5000128423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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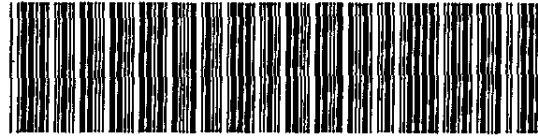
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Certified Moral Designer, 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: John Klingel
Name (Printed or typed)

1015 S. M St.
Address

Lake Worth, Fl. 33460-5132
City, State & Zip

561-684-8100 or 561-586-4336
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:

Certified Floral Designer, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1015 S. M St.

Lake Worth, Fl. 33460-5132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business is being formed in order to engage in all lawful business allowed for under the state's corporation statutes.

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred (500)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Klingel President, Treasurer, Director	Vincent Petrosky Vice President, Secretary, Director
1015 S. M St.	508 N. D St.
Lake Worth, Fl. 33460-5132	Lake Worth, Fl. 33460

ARTICLE VI REGISTERED AGENT

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

John Klingel

1015 S. M St

Lake Worth, Fl. 33460-5132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Klingel

1015 S. M St.

Lake Worth, Fl. 33460-5132

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

John M. Klingel
Signature/Registered Agent

9/15/05
Date

John M. Klingel
Signature/Incorporator

9/15/05
Date

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TALLAHASSEE, FLORIDA