

PA 000 119729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

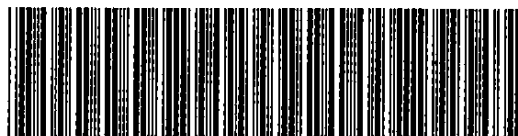
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Architectural Foam Options 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: Amanda Tennant

Name (Printed or typed)

1606 Sand Key Circle

Address

Oviedo, FL 32765

City, State & Zip

407-402-9631 or 407-402-9632

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:

Architectural Foam Options Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1606 Sand Key Circle, Oviedo, FI 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New Business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Amanda Tennant Officer

1606 Sand Key Circle

Oviedo, FI 32765

ARTICLE VI REGISTERED AGENT

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

Amanda Tennant

1606 Sand Key Circle

Oviedo, FI 32765

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Amanda Tennant

1606 Sand Key Circle

Oviedo, FL 32765

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



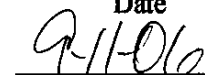
Signature/Registered Agent



Signature/Incorporator



Date



Date

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06 SEP 15 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA