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OT OCT -4 M 9: 52 SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT:		vided,	Inc.	
	(PROPOSED CORPORA	TE NAME <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Charmian M. Miller Name (Printed or typed)  611 Palm Aue				
•	Ellenton	Address $ \frac{1}{\text{State & Zip}} $ $ 30 - 1022 $	22	

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) OCT

SECRETARY OF STATE
ALLAMASSEE, FLORING

ARTICLE I: NAME OF CORPORATION-

House Divided, Inc.

ARTICLE II: PRINCIPAL OFFICE-

611 Palm Ave., Ellenton, FL 34222

ARTICLE III: PURPOSE-

Retail Store

**ARTICLE IV: SHARES-**

100

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS-

Charmian Miller, 611 Palm Ave., Ellenton, FL 34222-Owner/President

ARTICLE VI: REGISTERED AGENT-

Charmian Miller, 611 Palm Ave., Ellenton, FL 34222

**ARTICLE VII: INCORPORATOR-**

Charmian Miller, 611 Palm Ave., Ellenton, FL 34222

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

of Octo020 07, before me, personally appeared

Chain and Miller, known to me by producing \_\_\_\_\_ as identification.

My Commission Expires: 5-22-11

