

PO700020775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

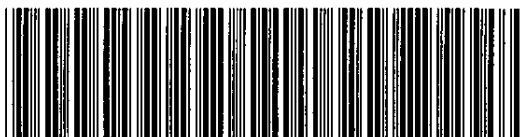
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

141

COVER LETTER

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

SUBJECT: Creative Design & House Staging Solutions
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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: Dawn Stover
Name (Printed or typed)

23274 Moorhead Avenue
Address

Port Charlotte, Fla 33954
City, State & Zip

941-815-6059
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:

Creative Design & House Staging Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

23274 Moorhead Avenue
Port Charlotte Fla 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Improvements

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):

Dawn Stover
23274 Moorhead Avenue
Port Charlotte Fla 33954
President

Scot Stover
23274 Moorhead Avenue
Port Charlotte Fla 33954
Vice President

Brian Edmondson
23274 Moorhead Avenue
Port Charlotte, Fla 33954
Treasurer

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Albert Mitchell
16711 198th Terrace
O'Brien, Fla 32071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dawn Stover
23274 Moorhead Ave
Port Charlotte Fla
33954

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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