

PO8000097530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

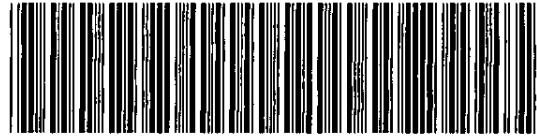
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

DESIGN MAVERX, INC.

SUBJECT: _____

(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: IMOGENE WILLIAMS
Name (Printed or typed)

5512 WESTBURY DRIVE
Address

ORLANDO, FL. 32808
City, State & Zip

(407) 466-7692
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2008

IMOGENE WILLIAMS
5512 WESTBURY DRIVE
ORLANDO, FL 32808

SUBJECT: DESIGN MAVERX, INC.
Ref. Number: W08000047443

We have received your document for DESIGN MAVERX, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected 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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 008A00053891

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:

DESIGN MAVERX INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5512 WESTBURY DRIVE
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DESIGN
MANUFACTURE
RETAIL

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IMOGENE WILLIAMS
5512 WESTBURY DRIVE
ORLANDO, FL. 32808

ARTICLE VI REGISTERED AGENT

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

IMOGENE WILLIAMS
5512 WESTBURY DRIVE
ORLANDO, FL. 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IMOGENE WILLIAMS
5512 WESTBURY DRIVE
ORLANDO, FL. 32808

~~DESIGN MAVERX, INC~~
5512 WESTBURY DRIVE
ORLANDO, FL 32808

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

Imogene Williams

Signature/Registered Agent

10-08-08

Date

Imogene Williams

Signature/Incorporator

10-08-08

Date