

P08000100109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600139056526

12/22/08--01026--003 **78.75

SECRETARY OF STATE
MAIL ROOM
12/22/08 PM 1:02

08 DEC 22 PM 1:02

FILED

28

COVER LETTER

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

SUBJECT: RED DOT DISTRIBUTION, 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: CARINA STEPHENSON
Name (Printed or typed)

23369 OLDE MEADOWBROOK CIR.
Address

BONITA SPRINGS, FL. 34134
City, State & Zip

(239) 404.3409
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:

RED DOT DISTRIBUTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

866 97TH AVE NORTH, NAPLES, FL. 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTOR OF FOREIGN CABINETRY

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):

CARINA STEPHENSON, PRESIDENT
23369 OLDE MEADOWBROOK CIR.

BONITA SPRINGS, FL. 34134

ARTICLE VI REGISTERED AGENT

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

CARINA STEPHENSON
23369 OLDE MEADOWBROOK CIR.
BONITA SPRINGS, FL. 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARINA STEPHENSON
23369 OLDE MEADOWBROOK CIR.
BONITA SPRINGS, FL. 34134

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

CARINA STEPHENSON

Signature/Registered Agent

CARINA STEPHENSON

Signature/Incorporator

12.20.08

Date

12.20.08

Date

RECEIVED
CLERK OF STATE
JAN 1 2009

08 DEC 22 PM 1:03

FILED