

PD90000/0463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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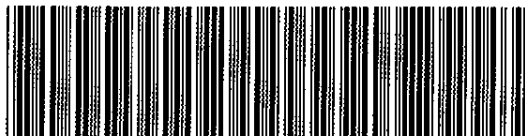
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB -3 2009  
D. A. WHITE

## COVER LETTER

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

SUBJECT: A1 Designs Upholstery, 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: David Morris, Esq.  
Name (Printed or typed)

900 E. Ocean Blvd., Suite D-232  
Address

Stuart, FL 34994  
City, State & Zip

(772) 781-6920  
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:

A1 Designs Upholstery, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

350 E Prima Vista Blvd., Port St. Lucie, FL 34983

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reupholstery business

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares, par value \$1 per share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leroyal Larry Stevenson, 350 E Prima Vista Blvd., Port St. Lucie, FL 34983.  
Director and President.

### ARTICLE VI REGISTERED AGENT

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

David Morris, 900 E. Ocean Blvd., #D-232, Stuart, FL 34994

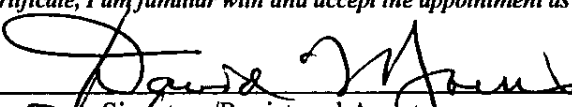
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

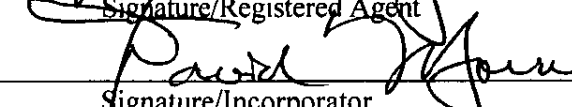
David Morris, 900 E. Ocean Blvd., #D-232, Stuart, FL 34994

\*\*\*\*\*

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

1-28-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-28-09  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA