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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
AN	4017		
V "	Office Lies Only		



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T. Buren MAK 3 U Luus

# **COVER LETTER**

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

SUBJECT: Deco N	eon Incorporated	_			
<del></del>	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles 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		
		ADDITIONAL CO	Status		
			<del> </del>		
FROM: Mr. Fred L. Champagne					
Name (Printed or typed)					
8188 Blackbead Ct. Address					
	Port-St-Lucie, FI-34952		e i same de la companya de la compa		
	Ciţ	y, State & Zip			
	772-878-1567				
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)

FILED

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CALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

**Deco Neon Incorporated** 

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 8188 Blackbead Ct., port st. Lucie, FI 34952

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make wholesale neon

# 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):
President
Vice president
Secretary

#### ARTICLE VI REGISTERED AGENT

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

Mr. Fred L. Champagne 8188 Blackbead Ct. Port st. lucie, Fl 34952

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Mr. Fred L. Champagne 8188 Blackbead Ct.

Port St. Lucie, Fl 34952

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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 o	and agree to act in this capacity
Inol R. Chamerane	
THE A COMMONAND	3/26/09

Signature/Incorporator

Signature/Registered Agent

3/26/09 Date

Date