

PO9 000045082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

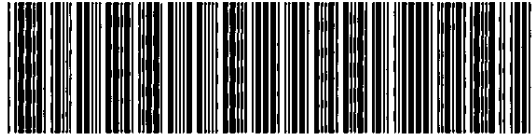
(Business Entity Name)

(Document Number)

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

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09 MAY 20 PM 1:31  
SECRETARY OF STATE  
ALBANY, N.Y. 12241

DA

## COVER LETTER

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

**SUBJECT:** Ohana Textures, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** John Clark  
Name (Printed or typed)

10776 Lippizan Drive  
Address

Jacksonville, FL 32257  
City, State & Zip

904-260-7666  
Daytime Telephone number

tom@thomasmurphycpa.com  
E-mail address: (to be used for future annual report notification)

**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: Ohana Textures, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

10776 Lippizan Drive  
Jacksonville, FL 32257

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful purposes

## **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):

John Clark, President  
10776 Lippizan Drive  
Jacksonville, FL 32257

## **ARTICLE VI REGISTERED AGENT**

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

John Clark  
10776 Lippizan Drive  
Jacksonville, FL 32257

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

John Clark  
10776 Lippizan Drive  
Jacksonville, FL 32257

\*\*\*\*\*

*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*

x John Clark  
Signature/Registered Agent

x John Clark  
Signature/Incorporator

5-19-09  
Date  
5-19-09  
Date

FILED  
09 MAY 20 PM 1:31  
SECRETARY OF STATE  
PALM BEACH, FLORIDA