

P09000074266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

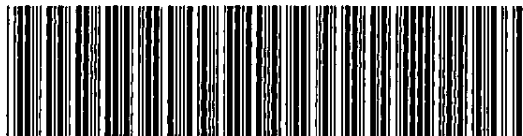
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-38277

Office Use Only



400159761174

08/24/09--01017--014 **78.75

FILED
2009 SEP -2 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 3 2009

COVER LETTER

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

SUBJECT: Lets Shop Design, 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: BOB Japan
Name (Printed or typed)

5160 - 2 SABAL GARDENS LANE
Address

BOCA RATON, FL 33487
City, State & Zip

561-912-0934
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



RECEIVED

09 SEP -2 AM 10: 26
FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2009

BOB SAPAN
5160 2 SABEL GARDENSLANE
BOCA RATON, FL 33487

SUBJECT: LET'S SHOP DESIGN, INC.
Ref. Number: W09000038277

We have received your document for LET'S SHOP DESIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 009A00028629

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2009 SEP - 2 PM 4: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

LET'S SHOP DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

5160-2 SABAL GARDENS LANE
BOCA RATON, FLORIDA 33487

ARTICLE III PURPOSE

INTERIOR DESIGN SERVICES
ANY

ARTICLE IV SHARES

~~1000~~ TO BOB SAPAN, OWNER
1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

BOB SAPAN, CEO
5160-2 Sabal Gardens Lane
Boca Raton, FL. 33487

ARTICLE VI REGISTERED AGENT

BOB SAPAN, CEO
5160-2 Sabal Gardens Lane
Boca Raton, FL. 33487

ARTICLE VII INCORPORATOR


BOB SAPAN
5160-2 Sabal Gardens Lane
BOCA RATON, FL. 33487

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

Date 8/31/09



Signature/Incorporator

Date 8/19/09