

P1000000/8523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

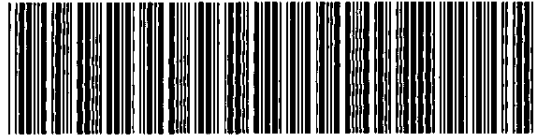
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAR -8 P 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.2.10

COVER LETTER

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

SUBJECT: IMPERIAL GROUP 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: CHITA PARUS

Name (Printed or typed)

803 NE 8 ST.

Address

HALLANDALE, FL.33009

City, State & Zip

954-219-0000

Daytime Telephone number

chitaparus@yahoo.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: **IMPERIAL GROUP DESIGN, INC**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: **2215 POLK ST.
HOLLYWOOD, FL. 33020**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CONSTRUCTION, REMODELING, DESIGN

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):

**IONEL PARUS - PRESIDENT
CHITA PARUS - VICEPRESIDENT**

ARTICLE VI REGISTERED AGENT

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

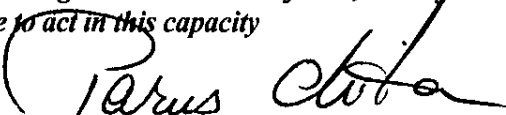
**CHITA PARUS
803 NE 8 ST. HALLANDALE, FL. 33009**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **IONEL PARUS**

**2215 POLK ST.
HOLLYWOOD, FL. 33020**

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



Signature/Incorporator

02/23/10

Date

02/23/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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