# P10000055239

(Requestor	's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business E	Entity Name)		
(Document	Number)		
Certified Copies C	ertificates of Status		
Special Instructions to Filing Of	fficer:		

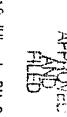
Office Use Only



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SECRETARY OF STATE TALL AHASSEE, FLORIDA





# **COVER LETTER**

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

SUBJECT: F. W. D.	esigns Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
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  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED	
FROM: Lui	s A Lacostte			
	Name	e (Printed or typed)		
201	8 Gloria Oak Ct			
<u> </u>		Address		
Orla	indo FL 32820			
<del></del>	City,	State & Zip		
407	-394-9795			
	Daytime 1	elephone number		
Fact	orywd@yahoo.com			
	E-mail address: (to be use	d for future annual report i	notification)	

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

APPROVED AND FILED

10 JUL -1 PM 2:48

June 28, 20 TALLAHASSEE. FLORIDA

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

Corporate Filings

I am requesting to File the Documents for F. W. Designs. Inc. Under the same Registered Agent and Incorporator, Luis A.Lacostte. With the same Business Purpose. "Window Treatments"

I am sending Copies of the Corporation and The Articles of Incorporation in order to Process the request to Re-open F. W. Designs Inc.

F. W. Designs Inc. Files.

Incorporator Name and Address Luis A. Lacostte 2018 Gloria Oak Ct. Orlando, FL. 32820

Telephone Number 407-394-9795

Please Process this Request as Soon As Possible.

Thank;

Luis A. Lacostte

# 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:

F. W. Designs Inc.

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# ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2018 Gloria Oak Ct Orlando FL 32820

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To manufacture Window Treatments

### ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis A Lacostte 2018 Gloria Oak Orlando FL

32820

President

### ARTICLE VI REGISTERED AGENT

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

2018 Gloria Oak Ct

Orlando FL 32820

# ARTICLE VII **INCORPORATOR**

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

Luis A Lacostte

2018 Gloria Oak Ct

Orlando FL 32820

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/Incorporator

06/29/2010

Date

06/29/2010

Date