

71100003628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

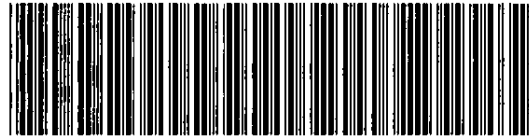
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500190749755

01/10/11--01058--001 **70.00

FILED
2011 JAN 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 11 2011

COVER LETTER

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

SUBJECT: Custom Window Graphics, 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: Kyle Weaver + Jeanna Weaver
Name (Printed or typed)
10832 Seminole Dr. N.
Address
St. Petersburg, FL 33708
City, State & Zip
727-688-2855
Daytime Telephone number
jkweaver12@verizon.net
E-mail address: (to be used for future annual report notification)

FILED
2011 JAN 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Custom Window Graphics, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

10832 Seminole Dr. N
St. Petersburg FL 33708

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create and install lettering and graphics with films.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kyle Weaver President

Address: 10832 Seminole Dr. N.

St. Petersburg FL 33708

Name and Title: _____

Address: _____

Name and Title: Jeanna Weaver Vice President

Address: 10832 Seminole Dr. N.

St. Petersburg FL 33708

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jeanna Weaver

Address: 10832 Seminole Dr. N.

St. Petersburg FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kyle Weaver

Address: 10832 Seminole Dr. N.

St. Petersburg FL 33708

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

Jeanna Weaver

Required Signature/Registered Agent

1-4-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kyle E. Weaver

Required Signature/Incorporator

1-4-11

Date

FILED
2011 JAN 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA