

(Requestor's Name)
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## **COVER LETTER**

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

SUBJECT: Jackie Orr Interiors, 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		
	\$70.00 Filing Fee Filing Fee	\$78.75 Filing Fee & Certified Copy
	ADDITIONAL C	OPY REQUIRED
	(Printed or typed)	
	ddrace	
352-591-9593 Daytime Te	elephone number	
jorrarcadia@aol.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		С.		
•				
ARTICLE II	PRINCIPAL OFFICE Principal street address	1	Mailing address if different in	
	5601 NW 189th Place		Mailing address, if different is:	
	Orange Lake, FL. 32681	Orange	Lake, FL. 32681	•
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is:			
ARTICLE IV				
The number of sh	ares of stock is 500			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS		
Name and	Title:Jackie Orr-Pr/Tr	Name and Title	:Curtis Orr-VP/Sec	
Address:	P O Box 4/6	Address:	P O Box 476	
	Orange Lake, FL 32681		Orange Lake, FL. 32681	
Name and '	Title:	Name and Title	:	
Address:				
	Title:			
Address:		Address:	100 mg 10	*
,			3-80 <u> </u>	
A DATE OF THE PET		<del></del> -	1 miles	18 TO 18
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	of the registered age	nt ic:	ءَ ھ
Name:	Jackie Orr	or the registered age	A Section of the sect	20 C
Address:	5601 NW 189th Place	_	- 1	
	Orange Lake, FL 32681		مرابع المرابع	<del>F.</del>
			18 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
ARTICLE VII			A Comment of the Comm	Oi
Name:	Idress of the Incorporator is:  Jackie Orr			
Address:	5601 NW 189th Place	-W	•	
Tida: Obb.	Orange Lake, FL 32681	<del></del>		
Havine heen nar	med as registered agent to accept service of proce	ess for the above sto	ated corporation at the place desig	enated i
	am familiar with and accept the appointment as re			, , , , , , , , , , , , , , , , , , , ,
	Onekia Mass		2/15/11	
<del></del>	Precision One Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		that the false information submi	itted in
		p		
	Required Signature/Incorporator		2/15/11	
	Required Signature/Incorporator		Date	