

P11000023972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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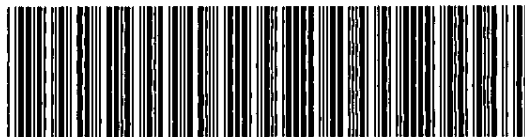
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR 11 PM 12:50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAR 11 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. 11
MAR 11 2011

COVER LETTER

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

SUBJECT: Scott Kausch Wallcovering, 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: Scott Kausch
Name (Printed or typed)
9746 Apalachee Pkwy.
Address
Tallahassee, FL 32311
City, State & Zip
850-545-2594
Daytime Telephone number
sirsamba@gmail.com
E-mail address: (to be used for future annual report notification)

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

3-71-11

TO Whom it may concern ,

I have no intention of reinstating
the admininatively dissolved corperation
(Scott Kausch Wallcovering Inc).

Scott Kausch

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: Scott Kausch Wallcovering, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9746 Apalachee Pkwy.
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wallpaper Removal & Installation
Painting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

Scott Kausch President
9746 Apalachee Pkwy.
Tallahassee, FL 32311

Name and Title:

Address:

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:

Address:

Scott Kausch
9746 Apalachee Pkwy.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Scott Kausch
9746 Apalachee Pkwy.
Tallahassee, FL 32311

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:

Scott Kausch

Required Signature/Registered Agent

3-11-2011

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.

Scott Kausch

Required Signature/Incorporator

3-11-2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA