

P11000056270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

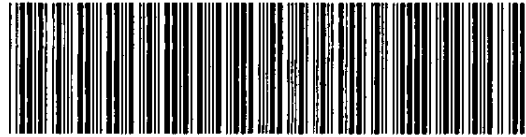
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/11--01022--023 **78.75

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11 MAY 25 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gc
5-3-11

110000024621

COVER LETTER

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

AGNES
SUBJECT: EUROPEAN HOME DECORATING PRODUCTS AND SERVICES
(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: Agnieszka Arlukiewicz

Name (Printed or typed)

6949 42nd ct E

Address

Sarasota, FL 34243

City, State & Zip

9418792854

Daytime Telephone number

agaarlukiewicz@hotmail.com

E-mail address: (to be used for future annual report notification)

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11 MAY 25 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2011

AGNIESZKA ARLUKIEWICZ
6949 42ND COURT EAST
SARASOTA, FL 34243

SUBJECT: AGNES
Ref. Number: W11000024621

We have received your document for AGNES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 711A00010747



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2011

AGNIESZKA ARLUKIEWICZ
6949 42ND CT E
SARASOTA, FL 34243

SUBJECT: EUROPEAN HOME DECORATING PRODUCTS AND SERVICES
COMPANY
Ref. Number: W11000029168

We have received your document for EUROPEAN HOME DECORATING PRODUCTS AND SERVICES COMPANY. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 111A00013074

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: EUROPEAN HOME DECORATING PRODUCTS AND SERVICES COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address
6949 42nd ct E
Sarasota, FL 34243

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
European design home service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agnieszka Arlukiewicz Director
Address: 6949 42nd ct E
SARASOTA FL 34243

Name and Title: SECRETARY
Address: AGNIESZKA ARLUKIEWICZ
6949 42ND CTE
SARASOTA FL 34243

Name and Title: PRESIDENT
Address: AGNIESZKA ARLUKIEWICZ
6949 42ND CTE
SARASOTA FL 34243

Name and Title: TREASURER
Address: AGNIESZKA ARLUKIEWICZ
6949 42ND CTE
SARASOTA FL 34243

Name and Title: VICE PRESIDENT
Address: AGNIESZKA ARLUKIEWICZ
6949 42ND CTE
SARASOTA FL 34243

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: Agnieszka Arlukiewicz
Address: 6949 42nd ct E
Sarasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Agnieszka Arlukiewicz
Address: 6949 42nd ct E
Sarasota, FL 34243

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Required Signature/Registered Agent

4.25.2011
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.

[Signature]
Required Signature/Incorporator

4.25.2011
Date