

P110000076490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 26 PM 1:11

APPROVED  
AND  
FILED

Handwritten signature

## COVER LETTER

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

SUBJECT: ALL OUT DESIGNS, 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: GREGORY G. FARRELLY

Name (Printed or typed)

506 LOUISA STREET

Address

KEY WEST, FL 33040

City, State & Zip

(305)293-8587

Daytime Telephone number

CATALFO@BELLSOUTH.NET

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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** ALL OUT DESIGNS, INC.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1009 SOUTHARD STREET  
KEY WEST, FL 33040

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, P.O. BOX 1603  
KEY WEST, FL 33041

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ALL LEGAL BUSINESS ACTIVITY

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 COMMON SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	DEBRA A. BUTLER, PRESIDENT	Name and Title:	_____
Address:	1009 SOUTHARD STREET	Address:	_____
	KEY WEST, FL 33040		_____

Name and Title:	KAREN A. LUKNIS, VICE-PRESIDENT	Name and Title:	_____
Address:	1009 SOUTHARD STREET	Address:	_____
	KEY WEST, FL 33040		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: GREGORY G. FARRELLY  
Address: 506 LOUISA STREET  
KEY WEST, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

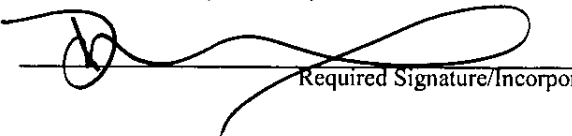
Name: DEBRA A. BUTLER  
Address: 1009 SOUTHARD STREET  
KEY WEST, FL 33040

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/23/11  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

8.23.11  
\_\_\_\_\_  
Date