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COVER LETTER

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

SUBJECT: Custom Signs 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: Valentyn Kulbaka

Name (Printed or typed)

9745 Touchton Rd., #3102

Address

Jacksonville, FL 32246

City, State & Zip

9048599879

Daytime Telephone number

valentyn@royalfoam.us

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

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Custom Signs Designs, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1333 Haines St.
Jacksonville, FL 32206

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: One thousand (1000) at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valentyn Kulbaka
Address: 9745 Touchton Rd., #3102
Jacksonville, FL 32246

Name and Title: _____
Address: _____

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: Valentyn Kulbaka
Address: 9745 Touchton Rd., #3102
Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Valentyn Kulbaka
Address: 9745 Touchton Rd., #3102
Jacksonville, FL 32246

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

08/26/2011
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.

Required Signature/Incorporator

08/26/2011
Date

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DEPARTMENT OF STATE
JACKSONVILLE, FLORIDA