

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Gmail	Address:	tom chossen@ qmail.com
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FLORIDA PROFIT/NON PROFIT CORPORATION Fort Myers Upholstery & Window Treatments Inc.

Certificate of Status	1
Cartified Copy	0
Page Count	03
Estimated Charge	\$78.75

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Fort Myers Uphoistery & Window Treatments Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

503 SE 18th Street Cape Coral, FL 33990

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tom Cnossen 503 SE 18th Street Cape Coral, FL 33990 SECRETARY OF STATE



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### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Tom Cnossen - President/Director 503 SE 18th Street, Cape Coral, FL 33990

# ARTICLES VI INCORPORA TOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tom Cnossen 503 SE 18th Street, Cape Coral, FL 33990

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

1st \_\_\_ day of September 2011

Tom Chassen

- Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Fort Myers Upholstery & Window Treatments Inc.	<del></del>		
2. The name and address of the registered agent and office is:	I <del>Z</del> SE	7	
Tom Cnossen Name	AHASSE	SEP -6	子 王4年
(P.O. Dox or Mall Drop Box NOT Acceptable)	Y OF ST	15. 15.	
Cape Coral, FL 33990 (City / State / Zlp)	が記	0.9	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Tom Chossen SIGNATURE 09/01/2011 (Date)