

P11 000088143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

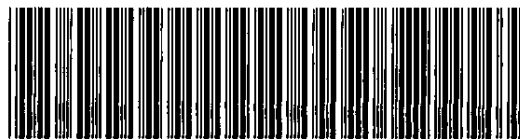
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 OCT -6 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 07 2011

Division of Corporations
Tallahassee Florida

9/30/2011

To Whom It May Concern:

I am requesting that my corporation name of Architectural Accents of N Florida Inc
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

Dorey Duckett

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COVER LETTER

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

SUBJECT: Architectural Accents of N. FL. Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

☐

\$70.00
Filing Fee

☒

\$78.75
Filing Fees &
Certificate of Status

☐

\$78.75
Filing Fee
& Certified Copy

☐

\$87.50
Filing Fee.
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nettie Davis
Name (Printed or typed)

Nettie Davis, Inc. Address
846 SW Main Blvd.
Lake City, FL 32025 City, State & Zip

386-752-4576
Daytime Telephone number

diedhardchief58@yahoo.com
Email Address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be: Architectural Accents of N FL Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

579 SE Peacock Trail
Lake City FL 32025

mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS

Name and Title: Tracy Duckett (Pres) Name and Title: _____

Address: _____ Address: _____

579 SE Peacock Trail
Lake City FL 32025

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: _____

Tracy Duckett
579 SE Peacock Trail
Lake City FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

Nettie Davis, LLC
846 SW Main Blvd.
Lake City, FL 32025

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

Tracy Duckett

Required Signature/Registered Agent

9/30/11

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.

Nettie Davis

Required Signature/Incorporator

9/30/11

Date

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