

P11000102230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

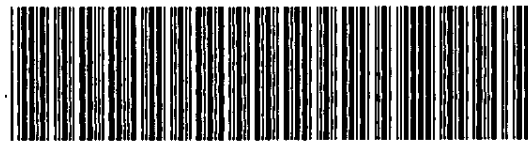
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100214244101

11/28/11--01024--007 **78.75

FILED
11 NOV 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/01/11

COVER LETTER

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

SUBJECT: Full House Studio 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: LARISA KILMAN
Name (Printed or typed)
3237 Cloverplace DR.
Address
Palm Harbor, FL, 34684
City, State & Zip
727-786-8751
Daytime Telephone number
LARISAK11@yahoo.com
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)

ARTICLE I NAME

The name of the corporation shall be:

FULL House Studio Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

*3237 CLOVER PLACE DR.
PALM HARBOR, FL 34684*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*GRAPHIC and Fashion Design
sewing and printing studio*

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *LARISA KILMAN CEO* Name and Title: _____
Address: *3237 CLOVER PLACE DR.* Address: _____
PALM HARBOR, FL 34684
CEO / PRESIDENT

Name and Title: *Zorik Sokolovsky* Name and Title: _____
Address: *VICE PRESIDENT* Address: _____
3237 CLOVER PLACE DR.
PALM HARBOR FL 34684

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: *LARISA KILMAN*
Address: *3237 CLOVER PLACE DR.*
PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *LARISA KILMAN*
Address: *3237 CLOVER PLACE DR.*
PALM HARBOR, FL 34684

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

11/21/2011

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

11/21/2011

Date

FILED
11 NOV 28 AM 10:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE