

P12000007454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

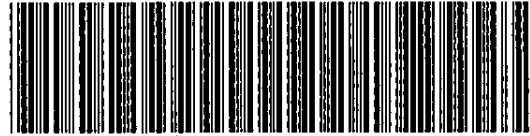
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 20 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MRS
1/23/12

COVER LETTER

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

SUBJECT: ~~Westonia, Inc.~~ Sandra Walsh Interior Design, 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: Sandra Walsh
Name (Printed or typed)

3695 OldeCottage Lane
Address

Bonita Springs, Florida, 34134
City, State & Zip

1-239-287-1041
Daytime Telephone number

SandraWalshdesign@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)

FILED

12 JAN 20 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME SANDRA WALSH INTERIOR DESIGN, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3695 Olde Cottage Lane
Bonita Springs, Fl 34134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- (A) BUY, SELL, AND OR TRADE VARIOUS PRODUCTS AND FURNISH SERVICES AS REQUESTED BY AND FOR CLIENTS AND CUSTOMERS, ALLOWED BY THE LAWS OF FLORIDA.
- (B) TO ESTABLISH AND MAINTAIN OFFICES FOR ANY AND ALL OPERATIONS OF THIS CORPORATION.
- (C) TO TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH THIS CORPORATION MAY BE ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>MICHAEL J. WALSH</u> | Name and Title: _____ |
| Address: <u>3695 OLDE COTTAGE LANE</u> | Address: _____ |
| <u>BONITA SPRINGS FL 34134</u> | _____ |

| | |
|--|-----------------------|
| Name and Title: <u>SANDRA I. WALSH</u> | Name and Title: _____ |
| Address: <u>3695 OLDE COTTAGE LANE</u> | Address: _____ |
| <u>BONITA SPRINGS FL 34134</u> | _____ |

| | |
|-----------------------|-----------------------|
| 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: MICHAEL J WALSH
Address: 3695 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL J WALSH
Address: 3695 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134

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

Michael J Walsh
Required Signature/Registered Agent

Jan. 12, 2012
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.

Michael J Walsh
Required Signature/Incorporator

Jan. 12, 2012
Date