

P/2000012936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

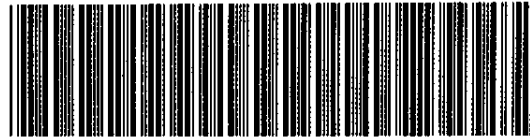
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-4707

Office Use Only



600218600556

01/20/12--01050--012 **113.75

FILED
12 FEB -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: DESIGNS IN WOOD, 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: JAMES M ZOLLO
Name (Printed or typed)

7610 INDUSTRIAL LANE UNIT 2B
Address

TAMPA FLORIDA 33637
City, State & Zip

407-908-1416
Daytime Telephone number

DESIGNSINWOODSITE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2012

JAMES M ZOLLO
7610 INDUSTRIAL LANE UNIT 2B
TAMPA, FL 33637

SUBJECT: DESIGNS IN WOOD, INC.
Ref. Number: W12000004707

We have received your document for DESIGNS IN WOOD, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 012A00001872

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: DESIGNS IN WOOD, INC. FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

7610 INDUSTRIAL LANE
UNIT 2 B
TAMPA FLORIDA 33637

12 FEB -6 PM 1:19

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING OF CUSTOM CABINETS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES ZOLLO / PRESIDENT Name and Title: _____
Address: 5340 BLACK PINE DR Address: _____
TAMPA FL 33624

Name and Title: KATHY GERALOS / SECRETARY Name and Title: _____
Address: 5340 BLACK PINE DR Address: _____
TAMPA FL 33624

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: JAMES ZOLLO
Address: 5340 BLACK PINE DR
TAMPA FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES ZOLLO
Address: 5340 BLACK PINE DR
TAMPA FL 33624

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

James Zollo
Required Signature/Registered Agent

2-1-12
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.

James Zollo
Required Signature/Incorporator

1-15-12
Date