

PIZ0000051882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

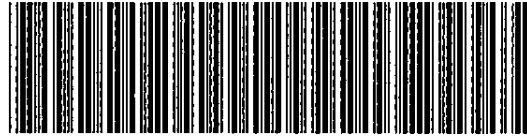
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
DIVISION OF REGISTRATIONS  
12 JUN -4 AM 7:45

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**COVER LETTER**

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

SUBJECT: Justin Tyme Wallcoverings, 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: Justin Tyme Wallcoverings, Inc.  
Name (Printed or typed)  
2400 Seidenberg Ave.  
Address  
Key West, Florida 33040  
City, State & Zip  
305-797-3852  
Daytime Telephone number  
Justinwoods7771@gmail.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:

Justin Tyme Wallcoverings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2400 Seidenberg Ave.  
Key West, Florida 33040

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To form a wallpaper business.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Justin William Woods President

Name and Title:

Address:

Address:

2400 Seidenberg Ave.  
Key West, Florida 33040

Name and Title:

Name and Title:

Address:

Address:

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 L. Meadows

Address:

5 El Monte Lane  
Key West, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Justin William Woods President

Address:

2400 Seidenberg Ave.  
Key West, FL 33040

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

Required Signature/Registered Agent

Date

5/31/12

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.

Required Signature/Incorporator

Date

5/31/12

12 JUN -4 AM 7:45

SECRETARY OF STATE